



MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1929.



D. ROCYN JONES,

C.B.E., M.B., D.P.H., J.P.,

County Medical Officer.

THE COUNTY HALL,
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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH

FOR THE YEAR 1929.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with Circular 939 (Wales) of the Ministry of Health (Welsh Board of Health) the Annual Reports for 1929 become the fourth of the second series of "Ordinary reports."

The "Survey" Reports which are of a full and detailed character are prepared at intervals of not less than five years, as required by the Ministry of Health. The Annual Report for 1925 dealt with the matters required, in a detailed form, under the various headings, and was the "Survey" Report which completed the first series of Annual Reports. The report for the year 1930 will be the second of the series of "Survey" Reports.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (acres) 345,048.

Population (1921 Census) 358,436.

Do. (Estimated 1929) 359,640

Number of structurally separate dwellings occupied (1921), 66,925.

Number of private families (1921) 75,898.

Rateable value, £1,815,835.

Product of a penny rate, £6396 12s. 4d.

SOCIAL CONDITIONS.—The County of Monmouth is partly industrial and partly agricultural. The Eastern, Western, Rhymney and Sirhowy Valleys are thickly populated coal mining districts, in which are also iron, steel and tin-plate works. There are also in some of these districts coal by-product plants. The remaining portions of the County are practically agricultural communities.

In the industrial portion of the County there is still a good deal of unemployment, due to the fact that some of the collieries have not been re-opened and others are working only part time. This also applies to other industrial concerns.

The administration of the Poor Law in the Area of the Bedwellty Union was still under the control of the Commissioners appointed by the Minister of Health and by the County Council. The application of the Local Government Act, 1929, which came into operation on the 1st April, 1930, brought the administration of Poor Law Relief for the whole County under the control of the County Council, the appropriate Committees have been formed and the necessary Officers appointed.

The Collieries and Works have well organised medical arrangements. The Royal Gwent Hospital at Newport, and also the District Hospitals in the various areas are well patronised by the residents of the County.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1929, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births				
ENGLAND & WALES ...	1929 16.3	1929 .68	(1928) (16.7)	(1928) (.70)	1929 13.4	(1928) (11.7)	1929 74.0	(1928) (65)
105 County Boroughs and Great Towns, including London ...	16.6	.69	(16.9)	(.70)	13.7	(11.6)	79.0	(70)
157 Smaller Towns (1921 adjusted populations, 20,000 —50,000) ...	16.0	.71	(16.6)	(.73)	12.3	(10.6)	69.0	(60)
London ...	15.7	.53	(15.9)	(.53)	13.8	(11.6)	70.0	(67)
MONMOUTHSHIRE ...	17.8	.99	(18.3)	(.75)	11.3	(10.9)	67.7	(72.92)

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

BIRTHS.—The total number of births registered in the Administrative County during 1929 was 6,419, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
Urban Districts ...	2791	2573	102	91	2893	2664	5557
Rural Districts ...	414	411	15	22	429	433	862
Total ...	3205	2984	117	113	3322	3097	6419

In 1928 there were 6,612 births; in 1927, 6,522 births; in 1926, 7,575 births in 1925, 8,100 births, in 1924, 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births, in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916, 8,848 births, in 1915, 10,194 births; and in 1914, 9,455 births. The birth rate for 1929 was 17·8 per 1,000 persons living. In 1928 the rate was 18·3; in 1927, 17·5; in 1926, 20·3; in 1925, 21·5; in 1924, 22·3; in 1923, 23·5; in 1922, 23·8; in 1921, 28·3; in 1920, 29·2; in 1919, 22·9; in 1918, 24·8; in 1917, 23·1; in 1916, 25·7; in 1915, 28·59; and in 1914, 30·2.

For the Urban Districts of the County the birth-rate was 18·1 per 1,000 for 1929, and for the Rural Districts, 16·3, as compared with 18·6 and 16·5 respectively for 1928, and 17·8 and 16·5 for 1927.

The birth-rate for 1929 shows a decrease of ·5 upon the rate for 1928, and an increase of ·3 upon the figure for 1927, which was the lowest rate ever recorded for the County.

The number of births of illegitimate children was 230, which gives a rate of 35·8 per 1,000 of the total births, and ·63 per 1,000 population. Last year the number was 246, equal to 37·2 per 1,000 births, and ·68 per 1,000 of population. For the year 1927, the figures were 251, equal to 38·48 per 1,000 births, and ·67 per 1,000 population.

The birth-rate for England and Wales was 16·3.

DEATHS.—The total number of deaths registered in the Administrative County, as shown in the Registrar General's table, was 4,069, as compared with 3,954 in 1928, 4,088 in 1927, 3,499 in 1926, 3,980 in 1925, 3,962 in 1924, 3,860 in 1923, 4,238 in 1922, 4,107, in 1921, 4,379 in 1920, 4,171 in 1919, 4,943 in 1918, 3,822 in 1917, 4,979 in 1916, 5,063 in 1915, and 4,356 in 1914.

The general death-rate, calculated upon the estimated population of 359,640, works out at 11·3 per 1,000 living. In 1928, the rate was 10·9, in 1927, 11·0; in 1926, 9·4; in 1925, 10·6; in 1924, 10·6; in 1923, 10·4; in 1922, 11·4; in 1921, 11·3; in 1920, 11·9; in 1919, 11·7; in 1918, 15·3; in 1917 11·7; in 1916, 12·9; in 1915, 15·3; and in 1914, 12·8. For the Urban Districts the rate for 1929 was 11·3, and for the Rural Districts, 11·3.

The death-rate for England and Wales was 13·4

The County death rate of 11·3 is an increase upon the previous year's figure, which was 10·9.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY.

Causes of Death	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards
All Causes	4069	435	127	139	143	229	477	1005	1514
Enteric Fever	6	...	...	...	...	1	3	2	...
Small Pox	1	1	...	...	...	...	...	...	...
Measles	39	4	19	13	3	...	...	...	...
Scarlet Fever	3	...	...	1	2	...	...	...	...
Whooping Cough	75	28	25	20	2	...	...	...	...
Diphtheria	27	...	5	11	10	...	1	...	...
Influenza	148	5	4	5	4	14	21	46	49
Encephalitis Lethargica	7	...	...	...	1	1	1	3	1
Meningococcal Meningitis	5	3	...	1	...	1	...	...	...
Tuberculosis of the Respiratory System	232	1	...	1	7	75	92	46	10
Other Tuberculous Diseases	56	1	2	5	13	15	11	9	...
Cancer, Malignant Disease	360	...	...	...	...	5	33	174	148
Rheumatic Fever	19	...	...	...	9	3	2	3	2
Diabetes	45	...	...	...	1	2	4	16	22
Cerebral Hæmorrhage, etc.	201	...	...	...	...	...	2	65	134
Heart Disease	723	...	...	...	13	23	46	211	430
Arterio-sclerosis	89	...	...	...	...	1	...	13	75
Bronchitis	254	33	7	2	2	...	9	46	155
Pneumonia (all forms)	302	62	42	38	15	13	36	52	44
Other Respiratory Diseases	57	4	...	2	...	2	8	16	25
Ulcer of Stomach or Duodenum	38	...	...	...	...	2	13	16	7
Diarrhœa, etc.	66	29	7	4	4	1	4	9	8
Appendicitis and Typhlitis	27	...	...	2	3	6	5	10	1
Cirrhosis of Liver	12	...	...	...	...	...	1	5	6
Acute and Chronic Nephritis	123	...	...	...	4	4	16	46	53
Puerperal Sepsis	21	...	...	...	...	3	17	1	...
Parturition, apart from Puerperal Fever	27	...	...	...	...	5	22	...	...
Congenital Debility, etc.	197	191	...	4	...	2	...	...	...
Violence, apart from Suicide	198	6	1	12	23	27	55	56	18
Suicide	41	...	...	...	...	4	11	20	6
Other Defined Diseases	664	67	13	17	27	19	64	138	319
Causes ill-defined or unknown	6	...	2	1	...	...	...	2	1

MATERNAL MORTALITY.—The number of women dying in, or in consequence of child-birth, was, from sepsis, 21; and from other causes, 27. This has been fully commented upon in the Maternity and Child Welfare Report which has been published and presented to the Council.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 435—381 in the Urban Districts and 54 in the Rural Districts.

The rate per 1,000 births was 67·7 a decrease of 4·59 upon the figure for 1928, which was 72·29. The figure for the year 1929 is the second lowest on record for the County, the previous lowest being 66·1 for the year 1926.

In the Urban Districts the rate was 68·5 per 1,000 births, and in the Rural Districts, 62·6 per 1,000 births.

In 1928, the Infantile Mortality rate was 72·29; in 1927, 87·3; in 1926, 66·1; in 1925, 83·8; in 1924, 75·6; in 1923, 73·0; in 1922, 83·4; in 1921, 91·5; in 1920, 87·9; in 1919, 88·0; in 1918, 97·6; in 1917, 84·3; in 1916, 88·4; in 1915, 128·5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 194; in 1908, 142; per 1,000 births.

The rate for England and Wales was 74.

The average Infantile Mortality rate for the 25 years, 1891—1915, was 137·4. The average for the fourteen years, 1916—1929, was 81·92.

The number of deaths of illegitimate children under one year of age was 29, or 4·5 per 1,000 of all births and 126·08 per 1,000 of illegitimate births. Last year the number of deaths was 28, or 4·2 per 1,000 of all births, and 113·8 per 1,000 of illegitimate births.

The measures adopted by the County for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1929, which has already been published and presented to the Council.

Number of deaths occurring during certain age periods in children under one year of age:—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	130	26	11	15	182	51	57	43	45	378
Rural Districts	11	4	8	1	24	12	1	5	7	49
Totals	141	30	19	16	206	63	58	48	52	427

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death.	No. of Deaths.			Rate per 1000 Births—Administrative County
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	32	9	41	6.38
Diarrhœal Diseases ...	25	4	29	4.52
Wasting Diseases ...	165	26	191	29.75
Respiratory Diseases ...	87	12	99	15.42
Tubercular Diseases ...	2	—	2	.31
Other Causes ...	70	3	73	11.37
Totals ...	381	54	435	67.70

The number of deaths in the Administrative County from the following diseases was:—

Measles—all ages	...	...	...	39
Whooping Cough—all ages	...	...	...	75
Diarrhoea—under 2 years of age	...	...	...	36

The reports of the District Medical Officers of Health show that there has been an increase in the number of deaths from Cancer, and the number of deaths from Respiratory Diseases is slightly above the figure for 1928. There is also an increase in the number of deaths from Heart Disease, Influenza and Whooping Cough. It is however, gratifying to note that there is a decrease in the number of deaths from tuberculosis.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.

The following is a statement of the Hospital accommodation available for the Administrative County:—

A (1) Fever.

The following are the Isolation Hospitals at present in the County:—

Abergavenny Joint Hospital, Llanfoist (owned jointly by the Abergavenny Town Council and Abergavenny Rural District Council	...	3 wards	41	beds
Monmouth County Council, "The Beeches," Abersychan, (Smallpox)	...	4 ,, 1 Chalet,	66	,, and 3 cots
Abertillery Urban Hospital, Coed-caeddu	...	2 ,,	16	,,
Bedwellty Urban Hospital, Coedmoeth	...	6 ,,	55	,,

Chepstow Joint Hospital, St. Arvans (owned jointly by Chepstow Urban and Rural District Councils)		5 wards	23	beds
			and 3 cots	
Monmouth Borough Hospital, Buckholt	...	3	10—12	„
Nantyglo and Blaina Urban Hospital, Coalbrookvale		3	5—7	„
Tredegar Urban Hospital, Ash Vale, Nantybwh	...	2	20	„

Cases from Abercarn, Bedwas and Machen, Caerleon, Llanfrechfa Upper, Llantarnam, Panteg, Risca, Mynyddislwyn, and Usk Urban Districts, and Magor, Pontypool and St. Mellons Rural Districts are admitted to the Newport Borough Isolation Hospital, Alt-yr-yn, Newport, when accommodation is available. The charge in such instances to the Local Authority concerned is about £3 3s. 0d. per case per week.

In the Rhymney Urban District an ordinary house is leased for the purpose of providing isolation hospital accommodation. This house is situated in the centre of the district, and the District Medical Officer reports that it was refurnished and repaired and bathroom and lavatory accommodation provided in 1927, but as there is no accommodation for the Nursing Staff, the premises are quite unsatisfactory. The Hospital is seldom used, and no case of infectious disease was isolated during 1929. During 1928 a few cases of Small Pox were isolated there, pending their removal by the County Council to the Small Pox Isolation Hospitals established for that purpose. The District Medical Officer also states that the Newport Corporation would remove any case of infectious disease upon request providing there is room available at their Isolation Hospital.

Overcrowding in some portions of the County still renders home isolation difficult and even though increased accommodation has been provided during the year for the isolation of cases of infectious disease, the provisions in the County are still inadequate. Several of the Isolation Hospitals in the County, both as regards accommodation and suitability, have been improved. This has been done in each instance where the County Council has acquired the use of the Hospitals for the purpose of isolating Small Pox cases. There still remain, however, several Isolation Hospitals which are unsuitable for the purpose.

The Medical Officer of Health for the Blaenavon Urban District draws attention to the fact that there is no isolation hospital accommodation provided in his district for the isolation and treatment of infectious diseases, and owing to the prevalence of overcrowding it is impossible to isolate infectious cases in the home, where all cases of illness have of necessity to be nursed, with at present the exception of Small Pox. In 1928 the Medical Officer of Health for this District drew the attention of his Council to the fact that one of the greatest difficulties in dealing with infectious diseases is the isolation of the infected person. The majority of these cases occur in small badly overcrowded houses with often only one and sometimes

two small bedrooms. This means that effectual isolation is impossible and the other members of the household are constantly exposed to infection. The provision of an Isolation Hospital within the district or the joint use of such with an adjoining district would undoubtedly be an asset in controlling the spread of these diseases. The patient could then be removed immediately upon receipt of a notification and the disinfection of clothing and premises carried out.

Regarding the Isolation Hospital of the Ebbw Vale Urban District Council, it was decided in 1928 on account of the unsatisfactory condition of this Hospital, to make arrangements for the isolation of infectious cases elsewhere.

A (2) Small Pox.

Owing to the continuation of the epidemic of Small Pox, The Beeches Isolation Hospital, Abersychan, the Wards of which were erected and equipped by the County Council, was in use during the whole of the year 1929.

The intended increase in the accommodation at The Beeches Hospital, which was commented upon in the Report for 1928, has been carried out. One Ward Hut and equipment being transferred from Abergavenny and one Chalet and equipment from Chepstow.

The total accommodation now at The Beeches, is 31 beds and 3 cots for females, and 35 beds for males.

During the re-erection of the Ward Hut the interior was altered and arranged so as to allow of the Hut being used as two small separate Wards with kitchen and staff accommodation provided. The Hut can now be used for observation or other purposes should the necessity arise.

The internal arrangements of the Chalet, during re-erection were also altered, lavatory and bath accommodation, also lighting and heating, being provided.

During the year it became necessary to re-roof the whole of the Ward Huts, and owing to the exposed position of the Hospital it was thought advisable to board up and enclose the undersides of the Huts. In addition brick pillars were built to replace the wooden pillars previously in use. These works were carried out by contract, and have greatly improved the general condition of the Hospital. It is intended in the near future to re-decorate and repair the main building which is used as the administrative block, and tenders have been obtained for this work.

Negotiations which were in progress for the purchase of the Beeches Isolation Hospital, from the Abersychan Urban District Council, have now been completed.

At the latter end of March, the accommodation at The Beeches was found to be inadequate and all the cases notified could not be isolated there. The Cardiff and Newport Corporations were asked to provide accommodation. The Cardiff Corporation very readily accepted 36 cases from the County, one case only being removed to Newport Borough Hospital.

The Ambulance which was the property of the County Council, and which had been used since the commencement of the epidemic of Small Pox was found to have become unsuitable and incapable of dealing with the work owing to the extensive mileage covered, and the hilly nature of the areas from which the Small Pox cases had to be removed. A new Ambulance of a more modern type was purchased and is proving to be in every way satisfactory.

B (1) Tuberculosis.

Tuberculosis cases, both pulmonary and surgical, are treated at the Institutions of the Welsh National Memorial Association, the early cases for sanatoria being dealt with at the Llangwythan Sanatorium, North Wales, and the Talgarth Sanatorium, South Wales, while surgical tuberculosis cases are dealt with at the Glan Ely Hospital, Cardiff, St. Brides Hospital, Pembrokeshire, and at the surgical block of the Llangwythan Sanatorium, North Wales. The hospital cases are treated in the first instance at the Cefn Mably Hospital and at other hospitals of the Memorial Association as occasion arises.

B (2) Maternity.

There is no Maternity Hospital in the County at the time of writing. The arrangements for the opening of the Coldra, near Newport, which has been presented to the County Council by Sir John W. Beynon, Bart, C.B.E., for use as a Maternity Hospital, have been held up owing to the economic conditions of the County.

B (3) Children.

The County has no Children's Hospital, but 24 beds have been reserved at the Royal National Orthopaedic Hospital, London, for the crippled children of Monmouthshire, and these beds are fully occupied by County patients.

INSTITUTIONAL TREATMENT FOR UNMARRIED MOTHERS.

The Maternity Home and Hostel for unmarried mothers which is situated at Nantyduerry continued to do good work during the year 1929. A contribution is made by the County Council annually towards the upkeep of the Hostel. There were 6 girls and 3 babies in residence on the 1st April, 1929. During the year April 1st, 1929, to March 31st, 1930, 11 girls were admitted, and there were 12 births. Nine girls were discharged during that period, of whom 5 were found situations, 2 went to relations, 1 went to Hospital and 1 married. Of the babies discharged 2 went with their mothers who had obtained situations, 1 was admitted to the Edward Nicholl Home, Cardiff, 1 went with mother to Hospital, 2 went to grandparents, 2 were adopted and 1 went with mother after marriage. Total number of inmates during year, 17 girls and 15 babies. Of the 11 girls received into the Home during the year, 3 were from the Borough of Newport and 8 from the County of Monmouth. The number of cases dealt with during the year was slightly less than the preceding

year when there were 21 girls and 18 babies in the Home. Generally the girls were admitted one month before their confinement, and remained for six months after the birth of the child. The ideal that the mother and child must not be separated for at least the first 6 months of the infant's life is followed as far as possible.

During their stay at the Hostel the mothers are trained to undertake some useful work when they leave, and arrangements are made, when necessary, for the boarding out of the baby. There is real need in the County for a Hostel of this nature, if only through the large amount of prejudice which forces these girls into Homes. It is often stated that more is done for the unmarried than for married mothers. The unmarried mother is the more needy and help should accordingly be given.

The work at Nantyderry is carried out economically and on practical lines, and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

When infants are adopted every care is exercised that the homes and their circumstances are in every way suitable.

AMBULANCE FACILITIES.

- (a) The County Council has an Ambulance for the removal of Small Pox patients to the Isolation Hospitals.
- (b) The Newport Borough Ambulance is available for County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Abertillery, Tredegar, Abersychan and Ebbw Vale Urban District Councils. The two latter are horse-drawn vehicles.
- (c) The Collieries at Ebbw Vale, Six Bells, Cwmtillery, Tredegar, Cwmbran, Oakdale, and the Rhymney Valley have ambulances which are used for colliery accident cases and under certain arrangements for the transport to Hospital of the dependants of the workers.

Motor Ambulances are also available at the District General Hospitals, while at Monmouth there is a town ambulance available through the generosity of the local division of the British Red Cross Society.

There is a motor ambulance in use in the area of the Bedwas and Machen Urban District Council.

The motor ambulance of the Joint Committee of the Order of St. John and British Red Cross Society, which is kept at Cross Keys, is available for use anywhere in the County for non-infectious and accident cases.

CLINICS AND TREATMENT CENTRES.

The County Council has established 42 Maternity and Child Welfare Centres in the County, and 14 Ante-natal Clinics. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee has provided 10 School Clinics, details of which are set out in the School Medical Inspection Report.

There are no day nurseries in the County.

The Tuberculosis Visiting Stations are detailed later in this Report

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport.

PUBLIC HEALTH OFFICERS.

The Public Health staff of the County Council consists of the following whole-time officers:—

County Medical Officer.

County Bacteriologist and Pathologist, who is also the Deputy Medical Officer.

Nine Assistant Medical Officers (engaged on School Medical Inspection and Maternity and Child Welfare work).

County Sanitary Inspector.

Inspectress of Midwives.

Venereal Diseases Inquiry Officer.

Mental Deficiency Inquiry Officer.

31 Health Visitors (engaged on School Medical Inspection and Maternity and Child Welfare work).

14 Clerks and 3 Laboratory Assistants.

PROFESSIONAL NURSING IN THE HOME.

No arrangements for home nursing are made by the County Council.

There are Nursing Associations in the following districts, which maintain nurses by voluntary subscription:—

Newbridge	Devauden	Llantilio Pertholey	Blackwood
Tredegar	Risca	Cross Keys	Pontypool
Panteg	Ebbw Vale	Cwm	Abercarn
Aberbargoed	Abersychan	Rhymney	Caerleon
Goytre	Abergavenny	Christchurch	Monmouth
Llanfrechfa Lower	Llanover	Usk	Trelleck
Llantilio Crossenny	Llangattock-vibon-avel		Tintern

General and tuberculosis nursing is undertaken, with the addition of mid-wifery in some districts.

The home nursing of infectious diseases is not carried out in any district of the County as a general practice, but has been resorted to in exceptional circumstances.

MIDWIVES.

The number of midwives upon the County Roll at the 31st December, 1929, was 249. Full particulars are given in the County Maternity and Child Welfare Report.

REGISTRATION OF NURSING AND MATERNITY HOMES.

The Nursing Homes Registration Act, 1927, came into operation on the 1st July, 1928. This Act repeals certain parts of the Midwives and Maternity Homes Act, 1926, which only came into operation on the 1st January, 1927. The new Act provides for the Registration and the inspection of Nursing Homes, and the making of Bye-Laws. The County Council is the supervising Authority under the Act, and during the year five applications for registration were received. In accordance with the requirements of the Act, and after inspection of the premises, registration was granted in each instance.

The Maternity Homes are situate, as follows:—one at Tredegar, one at Nanty-derry, one at Rhymney, one at Bassaleg, and one at Tref-ap-Gwilym, Cardiff Road, near Newport.

Bye-Laws were made by the County Council in respect of Nursing Homes, and these were allowed by the Minister of Health in November, 1928. The Bye-Laws deal with the question of the keeping of Registers required under the Act, the notification of infectious diseases, and the notification of births and deaths at the Institutions.

The Act provides for the exemption of certain Hospitals and Institutions, but this exemption shall only remain in force for one year from the date on which it was granted. One exemption was granted during 1929, this being in respect of the Monmouth Hospital, Monmouth.

The County Medical Officer has the power to inspect all Nursing Homes, and this is carried out.

CHEMICAL ANALYSIS.

Samples of foodstuffs, including milk, butter, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public Analyst appointed for the County. A copy of his report will be found later in this Report.

BACTERIOLOGICAL LABORATORY.

Facilities are offered to all medical practitioners in the County for bacteriological examinations at the County Laboratory, and the services of the Pathologist and Bacteriologist are available for assistance which may be required in the diagnosis of disease.

SANITARY CIRCUMSTANCES OF THE AREA. WATER SUPPLY.

Although the average rainfall for the year was maintained, a severe drought was experienced during the first nine months of the year over South Wales and the adjoining country, but thanks to the provision made by the local authorities in the industrial portion of the County no general shortage of water was experienced. It was, however, necessary to curtail the supply at certain periods to avoid waste.

In the area of supply of the Rhymney Valley Water Board, the Engineer, Mr. E. Watkin Edwards, states that the rainfall as recorded at the Rhymney Bridge Reservoir from 1st February, 1929, to 30th September, 1929, amounted to 24.75 inches which is considerably below the average. The low rainfall caused the local supplies to disappear and the Rhymney Valley was almost wholly dependent upon the supply obtainable from the Taf Fechan Water Supply Board of which Board the Rhymney Valley Water Board is a Constituent Authority. Fortunately the Taf Fechan Supply may be described as unlimited and consequently the effects of the prolonged drought were not felt in the Rhymney Valley. In reply to a circular letter from the Ministry of Health, when there was a general water shortage, the Board stated they were prepared to afford a water supply to any neighbouring Authorities who desired it. The supply is curtailed for some hours during the night in any period of drought to prevent leakage through subsidence. Subsidence was very prevalent during the heavy rains in October, November and December, particularly in the roadway from Troedyrhiwfuwch to Pontlottyn where the trunk main from the Rhymney Bridge Reservoir repeatedly became disjointed. Part of the roadway and the trunk main referred to subsided on two occasions to a depth of about 12 feet. During the repairs water was supplied up the Valley from the Taf Fechan Supply at Trelewis and only the village of Troedyrhiwfuwch obtained an inadequate water supply. Prior to the Taf Fechan Supply the water supply to the whole of the Rhymney Valley was seriously affected through damage by subsidence at Troedyrhiwfuwch and the alternative supply now available is of immense value. During the year the Board applied to the Unemployment Grants Committee and obtained a grant towards the cost of laying new mains and the erection of new filters, estimated to cost £8,315. The work has been completed and has resulted in a continuous supply being afforded to the high level districts where previously the supply would be somewhat intermittent in case of any drop in pressure. Mains have also been laid in substitution for small service pipes, mostly in the New Tredegar and Tirphil Districts. One noticeable feature during the year has been the number of applications received from farms for water supplies, and fortunately, in most cases, the Board have been able to afford the required supplies. Having regard to the capacity of the Taf Fechan Reservoirs, which is approximately 3,714,000,000 gallons, there is little possibility of any shortage of water in the Rhymney Valley through drought.

As pointed out in last year's report, the Medical Officer of Health to the Blaenavon Urban District Council has again brought to the notice of his Council the necessity of providing certain farms in Garn-yr-erw area with an adequate supply of pure water, and that a filter bed should be provided at the Bunkers, and a larger filter bed near Edmund's Spring.

The Council should also consider whether it is possible to add to the number of sources of supply and to further increase the storage capacity of certain of their reservoirs, so that it will not be necessary, even in the driest season, to give the inhabitants an intermittent supply of pure water.

It is unfortunate that the Council have been unable to proceed with the erection of the unclimbable iron fence around Reservoirs 3 and 4. The work upon No. 4 Reservoir has to a large extent proved successful, the Reservoir being now practically watertight, and the additional storage of water thus obtained was found very beneficial during the unusually dry periods of 1929. Although the supply was curtailed to all parts of the district, the position would have been serious had this additional supply not being available. A new filter bed and storage tank have been erected near the No. 4 Reservoir for the purpose of supplying the houses in a part of the Blaenavon Area, which in the past was supplied with unfiltered water. Although much improvement has been made in the water supply of the District, some parts of the town, particularly those of the higher zones are only able to obtain about one hour's supply of water each day. This is quite inadequate as there are no facilities for storage in the houses in this part of the area. Serious complaints were received from part of the district on account of the corrosion of the mains and service pipes, which seriously interfered with the water supply to the houses. This, as may be realised, unless remedied, will ultimately affect the health and habits of the people, who, unless they carry water over long distances, can neither keep themselves, their homes, nor sanitary conveniences in a healthy and wholesome condition. The Medical Officer suggests that the No. 1 Reservoir, owing to its close proximity to habitation and certain structural defects, should be taken out of commission as a public water supply at the earliest possible moment. Certain repairs are also necessary to the Forgeside Reservoir, which is leaking badly, and unless the repairs are effected to check the leakage there is a danger of this supply being lost.

The Grwyne Fawr Reservoir which supplies water to the whole of the Western Valley and also to a large portion of the Sirhowy Valley, was completed in 1928. The Reservoir is situated in the heart of the Black Mountains of Breconshire and has sufficient storage capacity to amply supply the needs of the whole of the Abertillery and District Water Board's area. During the year it was again evident that the erection of the Reservoir had amply justified itself by averting what would have undoubtedly been a disastrous water famine during the great drought in the first nine months of the year, when an extraordinarily low rainfall

was recorded, resulting in a record drought over South Wales. The Reservoir which was filled for the first time in November, 1928, remained full until February, 1929, when, owing to the demand for water in the very dry months that followed, the level of the water in the Reservoir gradually dropped until the following October, but the amount stored enabled an ample supply of water to be given to all parts of the Board's district. Heavy rain set in during October and November resulting in the Reservoir being again filled to overflow, thus affording approximately 340 million gallons of water in store.

Many portions of the Board's area now for the first time have a constant supply of water and it is indeed fortunate that it was possible to complete the Reservoir before the severe drought experienced in the years 1928 and 1929.

The Board has now been able to supply the districts which includes Pontllaufraith and Oakdale, from its own supply; the water for these districts was formerly obtained from neighbouring authorities.

A quantity amounting to about $1\frac{1}{2}$ million gallons per day is at present being supplied to the four Urban areas, namely:—Abertillery, Abercarn, Risca, and Mynyddislwyn, which form the joint Board. Steps are at present being taken to lay a new main into the Abercarn district to improve the distribution of the new water, at an estimated cost of £4,100 and the Unemployment Grants Committee have recently decided to make a grant of 50 per cent. of the interest on this amount for 15 years. In all probability a further scheme of new mains will be placed before the Unemployment Grants Committee as some of the existing pipes which were laid over 40 years ago are somewhat corroded.

The population of the Board's area, about 100,000 in number, are now assured of an ample supply of water for many years to come, and the Board are to be congratulated upon the completion of the scheme, and which has again proved of inestimable value to the whole of the Western and the Sirhowy Valleys.

The Medical Officer of Health for the Magor Rural District states that generally speaking, the water supply of the district is sufficient as regards both quantity and quality, except in four parishes.

The supplies are derived from:—

- (1) Public Companies, e.g., Newport Corporation, and G.W.R.
- (2) Springs and deep wells.
- (3) Shallow wells, reens, open ditches, rain water.

The parishes of Ilanvaches, Penhow, Langstone, Llanuern, and Christchurch are partly supplied from the Newport Corporation mains, and partly by springs and wells. Magor and Redwick are supplied from Severn Tunnel Water-

works. This water is derived from limestone strata, is very hard and contains calcium and magnesium salts, but is free from contamination. Many complaints have been received during the past year from residents of these two parishes about the insufficient quantity of water delivered by their service pipes—in some cases a mere drip. On investigation it was found that the pipes conveying it had been in use for over 30 years and are badly corroded internally by deposit. It is now proposed by the G.W.R. Company to lay a new 4-inch main from the Sudbrook Pumping Station to Magor Village, instead of the old 3-inch main. When this is done and new supply pipes of greater calibre are laid the water supply should be much improved.

Llangattock, Llanhennock and Tredunnoch are supplied from wells and from springs. Parts of Llangattock also receive supplies from the Newport Corporation. The wells are generally near farm houses and greater care should be exercised to prevent contamination from animal matter.

The parishes of Nash, Goldcliffe, Whitson and Bishton (part) on the Caldicot level are supplied from the Llanwern Brook (Monk's Ditch), rain water tanks and reens. In dry summers this supply may partially fail and it is liable to pollution. The rainfall during 1929 was below the average, and a water shortage was reported from Llandeudaud and Nash. The work of supplying Newport Corporation water to the village of Bishton, mentioned in the report for 1928, was completed during the year, and this community has now a splendid and never-failing water supply. The Bishton village well was closed. Application was made for a Justices' Order and the old well at Bishpool was also closed.

The consideration of an improved water supply to the parishes of Nash, Goldcliffe, Whitson, Llanmartin and Langstone occupied much of the Council's attention during the year, and finally a scheme was submitted to the Ministry of Health. A public inquiry was held on 27th November and the following scheme was approved:—The Newport Corporation will lay a 5-inch main from their supply at Troston Road to Lower Lake. From this point the Magor Rural Council will proceed with the laying of a 4-inch main to Pye Corner and then with a 3-inch ring main via Goldcliffe, Whitson and Broad Street Common back to Pye Corner. A 3-inch branch main will be taken from near Vine Cottage to the road leading to Waterloo Inn, Nash. The estimated cost of this scheme is £5,568, and the estimated allocation to each Parish is as follows:—

Nash	...	...	...	...	...	£2,399
Goldcliffe	...	...	...	...	...	£2,074
Whitson	...	...	...	...	...	£1,095
						<hr/>
						£5,568
						<hr/>

Llanmartin Scheme.—It is proposed to lay a 3-inch main from the Corporation supply on the Newport—Chepstow trunk road at Langstone to the Church Farm, Llanmartin, at an estimated cost of £838.

Llandeudovall Scheme.—It is proposed to lay a 3-inch main from the Corporation supply on the Chepstow road near the Vicarage, Llandeudovall, to the forked roads, and then a 2-inch main along the upper and lower roads at an estimated cost of £726.

The supply of Corporation water to Llanhennock and Tredunnock is being considered for these villages.

The Medical Officer of Health for the St. Mellons Rural District Council reports that considering the size of the area the water supply is good.

The greater part of the district is supplied from the Newport Corporation supply, a reservoir at Castleton, Cardiff City water supply, small reservoirs provided by land owners for isolated farms and houses, wells and springs.

During the year 1929, a new 9-inch diameter water main has been laid to carry the new bulk supply from the Cardiff Corporation Main at Llanedernne Bridge through the Village of St. Mellons via Greenway Lane to the Green, Rumney, and continued as a 6-inch diameter main as far as the County Road, near the Carpenter's Arms, Rumney. Connections have been made en route to the existing mains. Since the completion of this work the whole of the area has been given a satisfactory and constant supply in place of the previously intermittent supply in the higher parts.

The construction of a Service Reservoir near Michaelstone-y-Vedw and the 9-inch diameter main between it and Llanedernne, together with the 6-inch diameter branch main to Castleton Reservoir, was commenced in September, and is still under construction.

These works will obviate the cutting off of the water through any breakdown in the bulk supply, and will also give a supplemental supply to the existing Castleton Waterworks.

Various small lengths of water mains have been laid to supply building developments in the parish of Rumney.

The Shon Sheffrey spring, in the area of the Tredegar Urban District Council, is reported to be in every way satisfactory. The spring supplies the Tredegar Urban Area, and a considerable portion of the Bedwellty Urban District.

It can again be recorded that the Rural Districts of the County are paying strict attention to the water supply in their areas. Samples of water from local

supplies are periodically taken for analysis, these in many instances being collected by the County Sanitary Inspector and examined by the County Pathologist at the County Laboratory.

Arising from a complaint received an investigation was made into the water supply of the Urban District of Usk. The town of Usk is supplied with water for domestic use by a private Company which has a series of small reservoirs a short distance from the banks of the river Usk, and approximately $3\frac{1}{2}$ miles from the town. The water is obtained from a spring which discharges by means of an intake pipe into a small reservoir. This reservoir, however, is at too low a level to supply the water to all the houses in Usk. To surmount this difficulty the Water Company has a second reservoir at a sufficiently high level, and the water is pumped into this from the lower reservoir by means of a ram. The water is conveyed to the district by means of a cast iron gravitation main which travels for some distance along the right bank of the river. At a point about three miles from Usk, owing to landslide, river erosion and fall of rock, a fracture of the main pipe took place, thus cutting off completely the water supply to the district.

It was impossible to repair the main at the point of fracture owing to its close proximity to the river and a large outcrop of silurian rock, and it was found necessary to divert the main from its original course, carrying it at some distance higher up the bank, and making a connection at a new point.

During this period there was an extreme shortage of suitable drinking water in the town, and in the meantime the inhabitants were supplied with water for all purposes from pumps and wells situated in and around the town, some of the pumps being fixed by the Usk Urban Council. It is safe to say that all the wells are of the shallow type being 10 to 20 feet deep.

Twelve pumps and wells were examined and samples of water were taken from each. The water was analysed at the County Laboratory by the County Pathologist, and in only three instances was the water found to be satisfactory and suitable for drinking purposes. In most of the remaining eight samples, the water showed evidence of gross pollution with sewage or animal matter, and in each of these cases the water was totally unfit for domestic purposes.

During this period of shortage the Urban Council caused to be displayed notices warning the public of the necessity of boiling the water taken from any of these sources before using.

The position was reported by the County Medical Officer at a special meeting of the Public Health Committee, and also referred to the Ministry of Health, who instructed one of their Medical Officers to visit the town in company with the officials of the Public Health Department.

The Urban District Council was urged to repair the damage to the main with as little delay as possible, even if it meant extra expense, as it was pointed out to them that the wells, from which the temporary supply was being taken could not in any way be said to be satisfactory, whilst in the majority of cases obvious sources of pollution existed which could at any time bring about an explosive outbreak of enteric or other intestinal disease. Although the inhabitants had been urged by public notices to boil the water, the carrying out of this in practice is always problematical.

All the houses which at present are not connected to the town water supply should be so connected, and action should be taken for the closure of these wells.

In the Ebbw Vale Urban District the water is taken from two reservoirs situated on the Llangynidr Mountain, and conveyed to the town by cast iron gravitating mains. The water is of a soft character, and is therefore liable to plumbo solvent actions in contact with lead, but it is understood that the use of lead pipes to carry the water supply has been almost superseded by galvanised iron, which obviates the risk of contamination from this source.

The Chepstow Rural District Council has under consideration a scheme for improving the supply of water for domestic purposes to Devauden and the adjoining district. These districts are on a very high level and for a number of years the inhabitants of the houses around Devauden, and also the school, have been without an adequate supply of water, and it has been necessary to carry water very long distances. Water has also had to be hauled to the school at Devauden for cleaning purposes and for the use of the scholars. Complaints have been made by the Education Committee to the Chepstow Rural District Council.

A scheme for the improvement of the water supply in a portion of the Pontypool Rural District is also under consideration, where a shortage has been felt in the districts surrounding Croesyceilog.

RIVERS AND STREAMS.

The rivers in the agricultural portion of the County are not seriously polluted. The lower portion of the River Usk is, however, heavily polluted, both by the Afon Lwyd and also by the sewage from the County Borough of Newport. The sewage from the County Borough is discharged directly into the river at several points and as the river Usk is tidal this sewage matter is carried up on the incoming tide for several miles. This state of affairs cannot be altered until the Afon Lwyd, in the first instance has been freed from its present gross pollution, and secondly, the treatment of the sewage from the County Borough area, before its discharge into the river.

It is unfortunate that the Afon Lwyd still has to act as the open sewer for the Eastern Valley, practically the whole of the sewage from the districts situate upon its banks is discharged direct into the river. Two of these districts, however, Llantarnam and Llanfrechfa Upper, have combined for the purpose of constructing a trunk sewer which has as its object the picking up of all sewage now being discharged by means of subsidiary sewers into small streams and the Afon Lwyd. It is further intended to construct sedimentation tanks for partial treatment of the sewage before its discharge into the river Usk.

In the Sirhowy and Western Valleys the construction of main trunk sewers, and the completion of the necessary subsidiary sewers by the local authorities have reduced the pollution of the rivers which pass through these areas to a minimum.

In the Rhymney Valley, the pollution of the River Rhymney has also been materially diminished by the construction of a trunk sewer and the linking up of the subsidiary sewers. This is particularly noticeable at Bedwas where previously the banks of the river were strewn with sewage matter at periods of low water.

In the districts where by-product plants and coal washeries have been established at the collieries some pollution is caused. It will be necessary, should the number of these plants increase, for the local authorities to pay more attention to this matter with a view to avoiding the pollution from this cause becoming serious.

In many areas, the only sites available for the formation of refuse tips by the local authorities are along the banks of the rivers, and it behoves the local authorities concerned to exercise as much care as possible, so as to avoid the tips encroaching upon the river and thus causing pollution.

It is, unfortunately, still the practice of some of the inhabitants of the districts in the County to deposit house refuse in close proximity to the river banks, and in some instances directly into the river. Ample facilities are provided by all local authorities for the collection of refuse, and action should be taken against the offenders with a view to this objectionable practice being discontinued.

DRAINAGE AND SEWERAGE.

The Llanfrechfa Upper and Llantarnam Urban Councils have combined for the purpose of dealing with the sewage in their areas. A scheme was prepared and the approval of the Ministry of Health obtained for the laying of a trunk main from the Pontrhydyrun Farm, the northern end of the district, to a point below Malpas Court, where it is intended to discharge the sewage into sedimentation tanks for partial treatment and the effluent discharged into the river. All the

subsidiary sewers in these two districts, which now discharge into the Afon Lwyd and other small streams, will be connected to this main trunk sewer.

The cost of the scheme is estimated at £61,275 and grants under the unemployment grants scheme have been obtained. It was feared in the first instance that this scheme would adversely affect a larger scheme of a main trunk sewer to serve the whole of the Eastern Valley, and a conference was held at the Ministry of Health at which representatives of the two authorities concerned and the County Council were present. The objections made by the County Council, who favoured the scheme of a trunk sewer for the whole of the valley, were met by an undertaking being given that should the main trunk scheme for the whole valley be proceeded with, the present works would not affect it and could be effectively linked up. The Ministry of Health gave permission for the scheme to be proceeded with on this understanding, and that was the reason for accepting the partial treatment of the sewage at the sedimentation tanks proposed to be erected.

The works are now being proceeded with.

At the time when investigations were being made into the water supply of the Usk Urban Council it was observed in many instances, that although sewers and a water supply were available within reasonable distance, houses were still served by privies and bucket closets. These could easily be converted into water closets and connected to the sewers, and possibly avoid contamination of the water supply already remarked upon earlier in this report.

There is very little change in the position in the Western, and the Sirhowy Valleys, which are sewered by the Western Valleys Sewerage Board's main trunk sewer. The Board has recently completed its 27th year, having been inaugurated by Act of Parliament in 1903. The districts forming the Board are eight in number:—Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Risca, Abercarn, Bedwellty, and Mynyddislwyn, and a portion of the St. Mellons Rural District including Rogerstone, Rhiwderin and Bassaleg is also dealt with. The trunk sewers constructed by the Board are over 50 miles in length and the subsidiary sewers connected therewith about 150 miles, and the sewage is conveyed into a large tank sewer near Tredegar Park and passes from the latter to the outfall sewer about three miles in length discharging into the Bristol Channel. The scheme, which was completed in 1910, has worked excellently, although trouble has been experienced from time to time owing to subsidence due to underground colliery workings. The cost of the scheme was about £350,000 and the Board were fortunate in having the same carried out before the Great War, as at the present time the above cost would be more than doubled. The problem at present facing the Board is the pressing necessity for the abolition of the rating of sewers. Under the existing law sewers are rated in exactly the same way as house property, the basis of rateable value being a percentage of from four to five per cent. on the cost of construction. A special committee of the Board is actively engaged in pressing

forward the matter which is under consideration by a Government Committee, and it is hoped that this substantial grievance will be shortly remedied. All the subsidiary sewers in the urban districts through which the main trunk passes are now connected to the sewer. So as to avoid the overloading of the main trunk sewers in these valleys, special surface water drains have been constructed, and these are discharged direct into the rivers.

As there is no general scheme for dealing with the sewage in the Eastern Valley, the subsidiary sewers in each area discharge into small streams or direct into the Afon Lwyd. The nuisance created in the vicinity of some of the sewer outfalls, during the drier periods of the year when the flow of water in the river is not sufficient to carry off the whole of the sewage is repulsive and a probable menace to health, whilst the emanations given off from decomposing sewage matter are most offensive and is a cause of numerous complaints. In addition anyone in the vicinity of the Afon Lwyd on a summer's morning may see colonies of all kinds of flies feeding upon the decomposing sewage matter from whence many of them gain access to larders and food stores generally.

The question of the provision of a main trunk sewer to serve the whole of the Eastern Valleys should again be brought forward.

The Sewerage Scheme for the Parish of Malpas was completed and put into commission during the year. It involved the construction of a storage tank near the bottom of Malpas Hill, with sewers laid thereto from the more densely populated parts of the Parish to the North, an outlet sewer between the tank and the Newport Corporation's Sewer at the borough boundary in the county road, also a storm water overflow drain with outlet into the Malpas Brook has been constructed.

As the Council is only allowed to discharge sewage into the Newport Corporation's Sewer during low tide, an automatic electrically driven outlet valve to control the discharge has been fixed in the storage tank.

The storage tank and sewers at Maesglas, which were under consideration in 1928, were completed. Owing to the erection of the Maesglas Housing Scheme surrounding the storage tank and adjacent to the outfall in the River Ebbw, the Council decided to proceed with the roofing in of the storage tank and the extension of the outfall sewer to the River Ebbw on the southern side of the railway. These works have been completed and put into use.

The Council has submitted to the Ministry of Health a scheme for the sewerage of Machen Lower, Michaelstone-y-Vedw and St. Mellons, but these works have not yet been commenced.

The dry earth closet system is in use throughout the Magor Rural district, with the exception of part of Christchurch, where a new sewer has been constructed.

Some 63 new houses on the Caerleon Road are provided with cesspools. Nuisances arising from these are a continual cause of complaint, although the Council's byelaws have been enforced on the occupants. Plans for a sewer to deal with the sewage from these houses were submitted. The approved scheme provides a sewer to serve the properties on the South side of the road, consisting of a 6-inch glazed ware pipe with a steel ventilating column at each end, whilst a similar pipe laid on private land serves the properties on the North side. The outfall to the River Usk is dealt with by a 9-inch glazed ware pipe from manholes No. 3 to No. 12, and thence by 3-feet diameter concrete tubes to the River. The discharge to the River will be controlled by a Penstock, which will be worked twice daily according to the tides. The concrete tubes are designed to act as storage between the times of discharging. The cost will be £1,250.

The septic tank system of sewerage has been installed to deal with the sewage from a number of new houses at the Llanwern Garden Suburb.

The slop water (house waste) is disposed of:—

- (1) Some of the villages have main drains conveying slop water into ditches and over the land.
- (2) In part of Christchurch it is conveyed into sewers.
- (3) Into cesspool which are emptied when necessary.

During the year further good progress has been made with the construction of subsidiary sewers by the six Constituent Authorities of the Rhymney Valley Sewerage Board. The whole of the sewage from the Bedwas and Machen and the Rhymney, Mynyddislwyn and Caerphilly Areas now enters the trunk sewer. Several connections have been made by the Gellygaer Council and most of the sewers of Bargoed, which previously discharged into the River Rhymney, are about to be connected to the trunk sewer. The whole of the Deri Valley is also connected. The Bedwellty Council are proceeding with the construction of their subsidiary sewers in the Pengam and Aberbargoed Areas, and these will shortly be connected. Since the above connections, the pollution of the River Rhymney has been materially diminished, and this is particularly noticeable at Bedwas where, previously, the banks of the river were strewn with sewage during low water.

Nothing further has been done to improve the position in the village of Hafodyrynys. The whole of that portion of the village within the area of the Aber-

sychan Urban District still remains unsewered. There is a subsidiary sewer which connects to the Western Valley main trunk sewer within reasonable distance, and it would be a simple matter to drain the houses into this sewer. There are also a few houses in the Abercarn and Abertillery Urban areas which require to be connected up. The Hafodyrynys Council School could also be connected to a sewer laid to drain those houses in the Abertillery portion of the village.

CLOSET ACCOMMODATION.

Owing to the adequate provision in the industrial portion of the County by the construction of main trunk sewers, and subsidiary sewers, practically the whole of the closet accommodation is of the water carriage system. Further progress is noted in the conversion of the few remaining bucket closets into water closets, the work being greatly facilitated by the improved water supplies.

The Medical Officer of Health to the Blaenavon Urban District Council reports that the insufficiency of closet accommodation is still a very serious problem. A large number of houses still remain without separate and sufficient closet accommodation, and at some places only one closet is provided for the use of three families, while there are numerous places where one closet serves the needs of two houses. It is pointed out that where this insufficiency exists trouble is generally experienced regarding the cleanliness of the convenience, which, although used in common by members of two or more households, it appears to be no one's business to flush and cleanse, with the result that foul and dirty closets are not uncommon.

Efforts have again been made to enforce additional closet accommodation and to convert the unsatisfactory privies and bucket closets into water closets, and notices have been served upon the various owners. The desired effect has not been achieved in every instance, due chiefly to the economic conditions prevailing.

It was noted during the investigation into the water supply in the Usk Urban District by the County Officials, that there was still in existence a number of privy closets. In many cases these were in a dilapidated condition. These privies can easily be converted into water closets, as in most cases sewers and drains and a good water supply from the Council's mains are within reasonable distance. Furthermore, there is the danger of the water in some of the shallow wells becoming contaminated by these privies, several of which were observed to be in close proximity. The Usk Council should take immediate steps to have this unsatisfactory position altered, as there is no reason for its continuance.

SCAVENGING.

The collection and removal of house and trade refuse varies according to the circumstances prevailing in the various districts. In most of the districts collections are made two or three times in the week. In several of the industrial areas the work is directly carried out by the Council, but in some areas it is effected by contract. There are two refuse destructors in the County, one at Abertillery and one at Pontypool, but in each of these two areas the use of the destructor has been discontinued, and the refuse is now tipped on suitable land. This is the general method adopted by all the districts in the County.

Considerable improvement is again noted in the method of collection, where properly covered motor lorries have been substituted for the horse drawn vehicles previously used. This system speeds up the collection of the refuse, and the local authorities are therefore able to establish their tipping grounds at a greater distance from the towns and villages.

It is again necessary to draw the attention of the Local Councils to the fact that there is room for improvement in the care of refuse tips. It is not sufficient to simply tip the refuse from the carts and lorries. All inflammable material should be destroyed, and all decomposing matter covered over as far as possible. This would avoid the common practice of children and adults visiting these tips for the purpose of collecting rags, coal, etc., and thereby possibly endangering the health of the community. Furthermore, where these tips are established close to the rivers, control should be exercised so as to avoid the possibility of the rivers becoming polluted.

Several of the District Medical Officers comment upon the fact that dumping of refuse by householders is still extensive in some parts of their districts, much of which is done late at night or in the early morning. In some of the districts notices have been issued and posted, warning the inhabitants against this unsightly and insanitary practice. There is no need for the continuation of this as ample facilities have been provided for the collection and disposal of the refuse by the various local authorities.

In the Bedwas and Machen area, where extensive subsidiary sewer schemes have been carried out during the last few years, it has been possible to convert most of the bucket closets into water closets. This has reduced the collection of night soil to a minimum, and where the owners of property have not availed themselves of the benefits of the sewers, the collection is made at the expense of the owners.

The collection of night soil is effected either late at night or during the early hours of the morning.

SANITARY INSPECTIONS OF DISTRICTS.

From the reports received from the District Medical Officers, it is again observed that the Sanitary Inspectors have displayed considerable activity in their respective districts.

Inspections of premises under the various Public Health and Housing Acts have been made, and where nuisances or defects are noted, informal and statutory notices have been served. In the majority of cases the notices were complied with, and in very few instances were legal proceedings necessary.

Smoke Abatement.

Very little comment is made by the Local Medical Officers regarding this subject, and although all the reports are not yet to hand, it would appear that the only action found necessary during the year in regard to smoke abatement was in respect of a few dwelling houses. Numerous complaints are received regarding domestic smoke, and it is unfortunate that the Local Sanitary Inspectors have not more definite instruction upon this point.

Schools.

The sanitary condition of the schools is subject to district sanitary inspections, while the School Medical Officers and the County Sanitary Inspector also deal with it at their periodical visits to the schools. With regard to the spread of infectious diseases amongst school children, close co-operation exists between the District Medical Officers and the County Medical Officer. The disinfection of schools following outbreaks of infectious disease is carried out by the County Sanitary Inspector, the whole of the interior and the lavatory accommodation being thoroughly sprayed with a suitable solution of " Kerol " disinfectant.

Owing to the extensive floods which occurred in and around Monmouth during the latter months of 1929 and the early months of 1930, the Overmounow Non-Provided Schools were flooded. The water rose to a height of approximately 3 feet within the school premises, and considerable damage was done. After the floods had subsided a great amount of mud and filth was left beneath the floors, and the general condition necessitated the closing of the school for some time. Arrangements were made for the scholars to attend elsewhere.

During the year, the County Sanitary Inspector, in company with the district sanitary inspectors, inspected some of the older schools regarding which complaints had been received, and reports have been made to the County Education Authority.

HOUSING.

Further efforts have been made during the year to improve the houses in the districts, some of which are of the very old type and with poor accommodation. Notices are served, and where possible repairs are effected, but in some cases it has been necessary to obtain closing orders under the Housing Acts, and several houses have been demolished as they were found to be totally unsuitable for reconstruction. In many of the districts the housing problem remains a very serious proposition. More working class houses are needed, not only to alleviate overcrowding, which is very prevalent, but to replace the closing and demolition of unfit and dilapidated houses. It must be realised that this shortage of houses is one of the chief causes of overcrowding, and it is evident that this state of affairs is not conducive to good health or decent morals. At many of these houses where two families are accommodated, the accommodation is so limited that parents and children, some of whom have reached puberty, are compelled to sleep in the same bedroom, whilst as regards sex accommodation, it is not uncommon for members of both sexes, of advanced ages, to use a common sleeping room.

Many of the older types of houses have the disadvantage that they have none of the facilities which tend to promote a healthy life, as most of the household washing, cooking, etc., have to be done in the one living room, which is often the only room on the ground floor. The bedroom accommodation in these houses is also very limited, and in quite a number of instances comprised of one room, partitioned off by means of light flimsy partitions or curtains.

There are still a number of back-to-back and back-to-earth houses in existence in the County, and every effort should be made to do away with this type of house, and suitable provision made to accommodate the tenants of these houses.

It is regretted that a number of houses erected by local authorities under the Housing Acts are doubly occupied. These houses are designed and erected for the accommodation of one family only, and are not in any way suitable for two families. The practice of allowing this double occupation should be discouraged as much as possible, as the houses will soon become little more than slum property.

From the reports received it is noted that the sanitary inspectors in the districts paid considerable attention to the inspection of houses under the Public Health and Housing Acts, and notices are served for the abatement of nuisances, and the repairs necessary.

In very few instances has it been found necessary for the inspectors concerned to serve formal notices and to take proceedings against the owners.

The following table shows the progress which has been made in the construction of new dwellings by the district councils, and also by private enterprise under the various Housing Acts:—

District.	Total Number of Houses completed during year ended 31st Dec., 1929.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	—	—
Abergavenny ...	—	3	3
Abersychan ...	1	1	2
Abertillery ...	—	—	—
Bedwas and Machen	—	2	2
Bedwellty ...	—	—	—
Blaenavon ...	—	1	1
Caerleon ...	—	6	6
Chepstow ...	—	1	1
Ebbw Vale ...	64	3	67
Llanfrechfa Upper	—	8	8
Llantarnam ...	20	5	25
Monmouth ...	3	2	5
Mynyddislwyn ..	—	1	1
Nantyglo and Blaina	—	—	—
Panteg ...	—	52	52
Pontypool ...	—	4	4
Rhymney ...	—	—	—
Risca ...	—	4	4
Tredegarr ...	18	3	21
Usk ...	—	3	3
RURAL.			
Abergavenny ...	—	5	5
Chepstow ...	—	49	49
Magor ...	—	52	52
Monmouth ...	—	3	3
Pontypool ...	—	13	13
St. Mellons ...	—	487	487
Totals	106	708	814

WORK OF THE COUNTY SANITARY INSPECTOR.

Mr. J. Jenkin-Evans, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Evans is also qualified as an Inspector of Meat and other Foods.

His duties may be summarised as follows:—

Investigations of—

- Sanitary conditions of Schools.
- Pollution of Rivers and Streams.
- Causation of Outbreaks of Infectious Disease.
- Water Supplies of the County.
- Tuberculosis in Cattle.

Nuisances arising from—

- Drainage, Sewerage and Sewage Disposal.
- Refuse Collection and Disposal.
- The Keeping and Slaughtering of Animals, etc.
- Offensive Trades.

Inspections of—

- Dairies and Cowsheds.
- Diseased Foodstuffs (at the request of the District Sanitary Inspectors).
- Dwellings where insanitary conditions, overcrowding, etc., are reported.
- Home conditions of persons suffering from Tuberculosis, etc.
- Taking of samples of water, milk, and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year all schools closed on account of infectious disease were disinfected.

Under the County Medical Officer's scheme for securing a clean and wholesome milk supply, the County Sanitary Inspector had much of his time taken up with milk investigations of various kinds, as well as with the collection of samples under the terms of the Milk (Special Designations) Order, relating to "Grade A" and "Grade A" (Tuberculin Tested) Milk licenses.

The County Council being the Authority concerned with the treatment and isolation of Small Pox patients, the County Sanitary Inspector has devoted much of his time to assisting in the work of the establishment and control of the various Small Pox Isolation Hospitals within the County.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The scheme inaugurated by the County Medical Officer for the taking of "informal" samples of milk sold in the County is still being operated. In conjunction with the scheme, Part IV. of the Milk and Dairies Order, 1926, which deals with the health and inspection of cattle, is carried out. During the year 254 "informal" samples of milk were taken which is a decrease of 61 when compared with the figure for the previous year, which was 315. As in previous years, it can again be said, that the working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out. The scheme has now been in operation for a number of years, and although at the outset difficulty was experienced in obtaining the co-operation of milk vendors and the producers, it can now be recorded that the difficulties have been overcome and that the scheme is appreciated by those concerned with the milk trade generally.

As stated in previous reports the scheme is operated as follows:—

One sanitary area is selected at a time and samples taken from every milk producer and milk seller in that district. The samples are collected by the County Sanitary Inspector, accompanied by the District Sanitary Inspector, and are examined at the County Laboratory by the County Bacteriologist. In addition to the bacteriological examination for evidence of tubercle, zymotic diseases and dirt contamination, animal inoculations are made for the purpose of definitely ensuring against any possible infection by Tuberculosis. Should this be found to be present, the farm producing the milk is visited and the herd submitted to veterinary examination, individual samples being taken from any cow regarded as suspicious. The milk from suspected cows is ordered to be excluded from that of the herd until the bacteriological examination has been made. In the event of an individual sample proving tuberculous, arrangements are made for the slaughtering of the animal under the Tuberculosis Order, 1925, in which case the District Sanitary Inspector is asked to be present at the slaughtering so that the carcase, or parts of the carcase, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Inspector or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of Tuberculosis, also a close watch is kept upon the cow before its milk is again allowed to be mixed with that of the herd.

With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated.

Copies of all reports upon the bacteriological examination of "informal" samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the local Sanitary Authority which, in practically every case, has had the effect of an immediate improvement in the condition of the milk.

The scheme has now been put into operation in every district in the County, and during 1929 a small number of samples of milk from as many districts as possible was taken. It was found, by adopting this method, that the benefits derived from the working of the full scheme were being maintained.

Further details of the samples taken in 1929 will be found in the report of the County Bacteriologist.

The reduction in the number of 'informal' samples of milk taken during the year is due to the fact that the results of the analysis of some milk samples necessitated the carrying out of special investigations at the farms at which the milk was produced. The Dairy herds at 25 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 233 cows. The number of samples of milk taken from the cows examined was 97, and in each instance the Department was successful in locating the cows affected with Tuberculosis, and which were giving milk containing tubercle bacilli.

Notices under the Tuberculosis Order were given in respect of these cows, and they were examined after slaughter by the County Sanitary Inspector. The post mortem examination of the carcass proved in each instance the bacteriological examination of the milk at the County Laboratory by the County Bacteriologist. Every carcass examined was condemned as totally unfit for human consumption, and destroyed.

In some of the districts in the County, the sanitary inspectors take 'informal' samples and test the milk by means of a Minit Tester, for the purpose of demonstrating to the retailer and producer the presence or otherwise of dirt and other gross foreign matters.

From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is improvement in the general condition of these premises, but there is still room for further improvement.

In some districts of the County trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon this work. However, although some progress has been made in reconstruction, every effort is

still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results.

Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given, and the County Sanitary Inspector has attended for the purpose of examining the carcase, so as to ensure that only meat fit for human consumption shall be placed upon the market.

Milk (Special Designations) Order, 1923.

The number of persons at present licensed by the County Council under this Order for the production of "Grade A" milk is as follows:—

Producers and Retailers	...	...	3
Producers only	...	...	2

The five farms producing Grade "A" milk are periodically visited by the County Sanitary Inspector and a high standard of cleanliness is maintained as a result. The farms are situated, two at Chepstow, one at St. Mellons, one at Gros-mont, and one at Rogerstone. Samples are taken at various periods during the course of delivery for bacteriological examination. Where the report of the County Pathologist has proved unsatisfactory and not in accordance with the standard laid down for Grade "A" milk, a special visit is paid to the farm with a view to the necessary improvement. It is pleasing to note, however, that this has only been necessary on very few occasions.

Samples are taken on behalf of the Ministry of Health from the retailers of Certified and Grade "A" (Tuberculin Tested) milk in the County. The samples are analysed at the County Laboratory and the cost is defrayed by the Ministry of Health. During the year 13 samples were taken. The Ministry of Health are the Licensing Authority in regard to Certified and Grade "A" (Tuberculin Tested) milk, and arrangements have been made with the Welsh Board of Health that prior to the granting of a licence the cowsheds at the farm shall be approved by the County Medical Officer, acting in conjunction with the Ministry, so that an even standard for cowsheds shall obtain in the County.

MEAT, etc.

The table giving the amount of unsound foodstuffs condemned and destroyed in the various districts is attached, and it will be noticed from the figures that great attention is being given to this very important section of public health work.

The following table shows the quantities of meat and other foods condemned in the various Urban and Rural Districts during the year:—

DISTRICT	Fish.	Meat.	Bottled and Tinned Goods	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Miscellaneous
URBAN.								
Abercarn ..	129 lbs.	413 lbs.	155 tins	230 lbs.	—	—	42 lbs.	—
Abergavenny ..	—	—	90 tins, etc.	—	9 Pigs' Offal 1 Ox liver 2 sheeps' plucks	—	—	—
Abersychan ...	—	97 lbs.	12 jars and 51 tins	5 lbs.	324 lbs.	—	—	—
Abertillery ...	—	250 lbs.	157 tins	—	3 Pigs' plucks 4 bovine lungs 2 bovine livers	—	—	14½ Gals. Milk 40 lbs. watercress
Bedwas and Machen...	—	900 lbs.	181 tins	28 lbs.	300 lbs.	—	—	—
Bedwellty ..	85 lbs.	391 lbs.	1471 tins	62½ lbs.	146 lbs.	254 lbs.	—	2200 lbs.
Blaenavon ...	224 lbs.	524 lbs.	378 tins and Btls.	—	251 lbs.	—	—	16 lbs. Sausages
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Ebbw Vale ...	512 lbs.	1,361 lbs.	450 tins and Btls.	—	400 lbs.	120 lbs.	42 lbs.	975 lbs.
Llanfrechfa Upper...	4 stone	—	4 tins	—	—	—	—	—
Llantarnam ...	—	—	—	—	—	—	—	—
Monmouth ...	—	109 lbs.	30 tins	—	—	—	—	—
Mynyddislwyn	—	9,006 lbs	308 tins and Btls.	—	6980 lbs.	—	—	—
Nantyglo and Blaina...	—	—	—	—	—	—	—	—
Panteg ...	11 tins	317½ lbs.	142 tins &c	88½ lbs.	111½ lbs.	19 lbs.	68½ lbs.	—
Pontypool ...	2 boxes	204 lbs.	634 tins	75 lbs	—	52 lbs.	—	7½ doz. eggs 26 lbs. cheese 10 lbs. butter 12 lbs. cake
Rhymney ...	28 lbs.	244 lbs.	161 tins etc.	—	3 pigs' heads 1 beast head 177 lbs.	—	—	—
Risca ...	—	338 lbs.	238 tins &c	—	66½ lbs.	—	—	86 tins
Tredegar ...	—	1,620 lbs.	6 tins	—	1274 lbs.	24 lbs.	3 boxes pears	6 lbs. cheese 4 Rabbits
Usk ...	—	—	—	—	—	—	—	—
RURAL.								
Abergavenny ..	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Magor ...	—	—	—	—	—	—	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	4199 lbs.	—	—	459 lbs.	—	—	—

Of the 31 Sanitary Inspectors in the Administrative County 10 hold a special certificate, and are qualified Inspectors of meat and other foods. The districts whose Sanitary Inspectors are in possession of the certificate for meat and food inspection are: Bedwellty (2), Abertillery, Mynyddislwyn, Risca, Ebbw Vale, Blaenavon, Tredegar, Rhymney Urban, and Chepstow Rural.

The County Sanitary Inspector also holds the special Certificate and is qualified as an Inspector of Meat and Other Foods. His services are available whenever called upon to assist the Inspectors in the various districts. This assistance has been readily accepted on numerous occasions.

During the year complaints were received regarding the meat brought into the County from areas outside, where, it was stated, very little supervision of the meat supplies was being exercised. This state of affairs was brought to the notice of the Ministry of Health, and special notice was taken of this meat in the areas concerned within the County. It was, however, difficult for the district inspectors to exercise the supervision necessary as the supplies were irregular. This action has, to a certain extent, had the effect of improving the quality of the meat supplies from the sources complained of.

Owing to depression in trade in the industrial portions of the County, there is the danger that the meat supplies may fall below that of the normal quality. The Inspectors in the districts are aware of this fact, and special attention is being paid to this matter, more especially towards the end of each week.

At present there is not in any district of the County a public abattoir. In most districts there are numerous small slaughterhouses, very few of which can be said to be really suitable for the purpose. In several of the districts the Medical Officers of Health and the Sanitary Inspectors have recommended to their Councils the desirability of providing public slaughterhouses which would be under the direct control of the Local Authority. Difficulty is experienced by practically all the Sanitary Inspectors who are responsible for the inspection of meat in their area, in carrying out in a satisfactory manner this important branch of their public health duties. Efficiency in meat inspection can only be obtained by the Inspector being present during the actual slaughter of the animal and the dressing of the carcase, when the organs, etc., can be examined. Owing to the number of slaughterhouses in the district and at which slaughtering is invariably carried out at the same time, it is impossible for an inspector to be present at more than one, and therefore a proper and systematic inspection of the animals slaughtered in the district cannot be carried out.

A difficulty also arises owing to the occasional slaughter of animals at places other than slaughterhouses.

It is obvious that the provision of a public abattoir would tend greatly to eliminate the difficulties mentioned. All the slaughtering would be centralised, and systematic and proper supervision could then be obtained, the risk to the consumer lessened and the purity of the meat improved by being slaughtered, cooled and stored under hygienic and wholesome conditions.

The provisions of the Public Health (Meat) Regulations have been applied as far as possible in the districts of the County, and greater attention is now being paid to the storage and handling at meat shops, upon stalls, vehicles and other places where food is prepared. The rigid enforcement of these Regulations has had the desired effect, and there is a marked improvement.

SALE OF FOOD AND DRUGS ACTS.

At the meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details necessary to secure observance of the Acts and Regulations.

The Administrative County is divided into three districts for the purposes of these Acts, as follows:—

District " A " under the supervision of Inspector T. H. Lewis, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Llantarnam, Panteg, Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District " B," under the supervision of Inspector T. R. Davies, with two Assistants, and comprising the Urban Districts of Abercarn (part), Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney, and Tredegar.

District " C," under the supervision of Inspector J. R. Gamble, with an Assistant, and comprising the Urban Districts of Abercarn (part), Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

During the year, 901 samples were examined by the County Analyst, Mr. G. R. Thompson, F.I.C., F.C.S., details of which are given in the report following:

The following schedule gives details of the samples taken for analysis and in which action was taken, arranged according to the respective districts:—

District in which sample was taken.	Nature of Sample.	Extent of Adulteration, etc. of Sample.	Result of Police Court Proceedings, etc.
URBAN			
Abercarn ...	Milk	21% deficient in fat	Taken in course of delivery. Repeat sample proved to be genuine. In the interval the producer died. No proceedings.
"	"	22% deficient in fat ...	No conviction. Ordered to pay £3. 3s. 0d. costs.
Abergavenny ...	"	6.35% added water ...	Fined £1.
"	"	20.67% deficient in fat ...	Fined £3. 0s. 0d. and costs.
Abersychan ...	"	4.67% deficient in fat ...	Cautioned.
"	"	6.67% deficient in fat ...	Cautioned.
"	Butter	0.44% Boric Acid and 17.42% added water	Cautioned.
Bedwellty ...	Milk	12.33% deficient in fat ...	Ordered to pay £3. 3s. 0d. costs and 4s. court fees.
"	"	5.41% added water ...	Cautioned.
"	"	12.33% deficient in fat ...	Fined £2. 2s. 0d. and £3. 3s. 0d. costs.
"	"	11.33% deficient in fat ...	Fined £2. 2s. 0d. and £3. 3s. 0d. costs.
"	"	12.33% deficient in fat ...	Fined £2. 2s. 0d. and £3. 3s. 0d. costs.
Blaenavon ...	"	29.33% deficient in fat ...	Fined £3. 0s. 0d.
Caerleon ...	"	23.33% added water ...	Informal sample. No further sample obtained as the producer went out of business.
Panteg ...	"	10.24% added water ...	Dismissed.
"	"	9% deficient in fat ...	Cautioned.
Tredegar ...	Rice	Foreign ingredients Talc. 78%	Clerk received satisfactory explanation from wholesalers. No further action taken. All stocks withdrawn from sale. To be returned to America.
"	Potted Kipper Paste	Boric Acid .05% equivalent to 3.5 grains per lb. ...	Clerk received satisfactory explanation from Manufacturers. No further action taken.
"	Milk	29% deficient in fat ...	Ordered to pay £3. 3s. 0d. costs.
"	"	15.67% deficient in fat ...	Ordered to pay £3. 3s. 0d. costs.
"	"	18% deficient in fat ...	Ordered to pay £3. 3s. 0d. costs.
Usk ...	"	14.67% deficient in fat	Ordered to pay £1. 0s. 0d. costs.
RURAL			
Chepstow ...	"	15.33% deficient in fat ...	Dismissed.
"	"	4% deficient in fat ...	Dismissed.
St. Mellons ...	"	23% deficient in fat ...	Fined £2. 0s. 0d.
"	"	9.67% deficient in fat ...	Cautioned.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT.

[illegible]

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return

The report of the County Analyst for the year is as follows:—

I have analysed 901 samples during the year, which included 105 informal or trial samples, and these have been submitted to me from the following sources:

From the Inspector in Division “ A ”	...	...	254 samples
„ „ „ „ „ “ B ”	...	...	313 „
„ „ „ „ „ “ C ”	...	...	334 „

Of this total number 568 have been milk samples, of which 23 have proved to be below the legal standard, this number constituting 4.05 per cent. of the milk samples taken.

The greater number of cases against which I have issued certificates were for deficiencies in fat, as 19 samples were faulty in this respect, the deficiencies varying from 4.00 per cent. to 29.33 per cent.

The remaining four samples were unsatisfactory by reason of the addition of water, the proportion of added water in one case being as much as 23.53 per cent.

No case occurred of preservatives or added colouring matter being found. so that on the whole the state of affairs with regard to the sale of milk throughout the year has been moderately satisfactory.

Classified in my usual manner, the details for the year are as follows:—

According to content of fat:

Under 3%	3 to 3.49%	3.5 to 3.99%	4 to 4.49%	4.5% and over.
20	241	210	69	28

According to content of solids-not-fat:

Under 8.5%	8.5 to 8.69%	8.7 to 8.89%	8.9 to 9.09%	9.1% & over
4	83	168	175	138

The average composition of Milk samples for the year is:—

Fat, 3.55%; Solids-not-fat, 8.89%; Total Solids, 12.44%

The table given below shows the average composition of the milk samples taken during 1929 compared with those taken during the nine previous years:—

Year.	Fat.	Solids not Fat.	Per cent. of Adulteration.
1920	3.58%	8.61%	4.38%
1921	3.52%	8.84%	5.20%
1922	3.67%	8.84%	4.60%
1923	3.66%	8.88%	4.08%
1924	3.59%	8.87%	4.81%
1925	3.57%	8.90%	4.26%
1926	3.63%	8.82%	5.97%
1927	3.62%	8.77%	3.81%
1928	3.52%	8.78%	4.41%

One sample of separated milk was submitted for analysis and found to conform to the appropriate standards, whilst four samples of condensed milk were in accordance with the second schedule of the Public Health (Condensed Milk) Regulations of 1923.

The cream samples, five in number, were satisfactory from the point of view of their content of milk fat and were free from preservatives in every case.

The butter samples purchased throughout the year have proved, on the whole, to be satisfactory, as I have not met with a single case of admixture or substitution of foreign fats and, with one exception, all the specimens were free from excessive water and from added preservatives. In one case, however, the percentage of water present amounted to 17.42 per cent., which is considerably in excess of the legal maximum, and in addition this sample contained boric acid amounting to 0.44 per cent. This constitutes a very serious offence against the Law, and more particularly with regard to the addition of boric acid, which is now strictly forbidden in all articles of food by the Public Health (Preservatives, etc., in food) Regulations. Such additions, however, are fortunately very rare at the present time.

There had been 25 samples of lard examined, but the most rigorous tests failed to reveal the presence of any foreign fat, and in no case was the percentage of acidity unduly high. The margarine samples consisted in each case of a blend of vegetable or animal fats and were perfectly wholesome in character, no preservatives being present in any case.

As mentioned in a previous quarterly report, a sample of shredded beef suet was found to contain a small admixture of rice starch, but the added starch was small in quantity and had obviously been added with the object of improving the quality of the product by keeping particles apart rather than for the purpose of increasing the bulk by means of the addition of a cheaper substance.

Turning to the cereals submitted for examination, I have analysed 21 samples of wheat flour, 37 rice, one of ground rice, and 10 tapioca, and the microscopical examination proved that these products were in every way as described. The specimens of wheat flour were all tested very carefully for the presence of deleterious ingredients in the shape of bleaching agents and so-called improvers, but in no single instance have I been able to detect any substances to which exception could be taken. The specimens of rice were perfectly satisfactory in character with one exception, in which 0.78 per cent. of talc content was added in the form of "facing" and a certificate was issued against this particular specimen. The "facing" of rice appears to be gradually on the decline and this, I think, is undoubtedly due to the vigilance exerted by those entrusted with the supervision of the sale of articles of food in this country. In the particular case referred to, I understand that the sample formed part of a very large consignment which was withdrawn from the market as the result of representations made in the appropriate quarters.

The only remaining case of adulteration to which reference need be made is that of a sample of fish paste, which was found to contain a minute trace of boric acid, viz., 0.05 per cent., and on principle it was found necessary to issue a certificate against this article, but on inquiries being made it was found that the preservatives had been introduced accidentally.

As already indicated in my Quarterly Reports to you, the general quality of the articles submitted has been of the highest and no case of adulteration has been found outside those to which reference has been made, certificates having been issued against 26 samples over the year which, of the total number received, gives a percentage of adulteration at the low figure of 2.88 for the period.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

Report for the year ended December 31st, 1929.

(1) Milk and Cream not sold as Preserved Cream.

(a) Number of samples examined for the presence of a Preservative.					(b) Number in which a Preservative was reported to be present.
Milk	...	...	...	568	Nil
Separated Milk	...	...	...	1	Nil
Condensed Milk	...	...	...	4	Nil
Dried Milk	...	...	...	Nil	Nil
Cream	...	...	...	5	Nil

(2) Cream sold as preserved Cream.

Nil

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct.

Nil

(i) Correct statements made	...	...	...	Nil
(ii) Statements incorrect	...	...	...	Nil
(iii) Percentage of Preservatives found in each sample.				Percentage stated on Statutory label.
	Nil.			Nil.

(b) Determinations made of Milk Fat in Cream sold as Preserved Cream

(i) Above 35 per cent.	...	...	...	Nil
(ii) Below 35 per cent.	...	...	...	Nil

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved Cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed.

Nil

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.

Nil

(3) Thickening substances.—Any evidence of their addition to cream or preserved cream:—

Nil

Action taken where found	Nil
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(4) Other observations, if any

... Nil

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhoea (under 2 years).

These diseases caused 187 deaths and gave a Zymotic death-rate of .51 for the County, as compared with a rate of .451 for the years 1928, .377 for 1927, .30 for 1926, .73 for 1925, .38 for 1924, .85 for 1923, .46 for 1922, .94 for 1921, 1.15 for 1920, .61 for 1919, 1.26 for 1918, .96 for 1917, .72 for 1916, 1.05 for 1915, 1.73 for 1914, 1.29 for 1913, 1.86 for 1912, 2.5 for 1911, 1.22 for 1910, .87 for 1909, 1.5 for 1908 for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1929.

Population for death rate and attack (notification) rate, 359,640.

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.	England & Wales death rate per 1,000 of population
Small Pox	1	.002	494	1.37	.00
Measles (including German Measles)	39	.1	Not notifiable	...	.08
Scarlet Fever	3	.008	540	1.50	.02
Diphtheria (including Membranous Croup) ...	27	.07	459	1.27	.08
Whooping Cough ...	75	.2	Not notifiable	...	.15
Fever (including Typhus, Enteric and Continued Fevers)	6	.016	27	.07	.01
Diarrhoea (under 2 yrs). ...	36	.1	Not notifiable	...	...
Totals	187	.51	*1520	4.22	...

* Notifiable Diseases only.

COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

				Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid.	Small-pox
Average for years 1907- 1913 inclusive				...	...	...	...	...	...
1914	...	...	...	·43	·07	·92	·13	·09	...
1915	...	...	...	·47	·13	·12	·17	·03	...
1916	...	...	...	·71	·09	·33	·19	·03	...
1917	...	...	...	·04	·06	·21	·12	·04	...
1918	...	...	...	·30	·02	·11	·06	·079	...
1919	...	...	...	·53	·03	·30	·08	·02	...
1920	...	...	...	·003	·06	·28	·07	·03	...
1921	...	...	...	·51	·06	·16	·18	·01	...
1922	...	...	...	·02	·03	·17	·12	·01	...
1923	...	...	...	·03	·02	·17	·11	·01	...
1924	...	...	...	·41	·01	·22	·09	·01	...
1925	...	...	...	·03	·03	·07	·1	·02	...
1926	...	...	...	·20	·02	·21	·1	·02	...
1927	...	...	...	·02	·008	·07	·06	·01	...
1928	...	...	...	·097	·005	·09	·035	·008	·008
1929	...	...	...	·11	·002	·11	·055	·013	...
1929	...	...	...	·10	·008	·20	·07	·016	·002

The following is a summary of the weekly notifications of infectious diseases received during the year from the local Medical Officers:—

DISTRICTS	Estimated Population, 1929 for estimating Notification rate	Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Pulmonary Tuberculosis	Other Tubercular Diseases.	Erysipelas.	Puerperal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Chicken Pox	Acute Poliomylitis.	Dysentery	Puerperal Pyrexia	Acute Polio- Encephalitis	Cerebro Spinal Fever.	Malaria
URBAN.																			
Abercarn	20,960	...	36	31	...	2	...	...	4	...	...	1	31	...	...	...	1	...	...
Abergavenny (Borough)	8,647	1	13	...	1	...	...	1	1	...	...	...	155	...	...	...	...	...	...
Abersychan	28,490	15	13	13	...	9	21	7	8	...	...	3	61	...	...	1	...	...	...
Abertillery	32,840	28	54	45	2	9	14	8	3	...	1	1	...	...	4	6	...	...	...
Bedwas and Machen	9,574	1	33	65	...	36	24	14	2	...	...	7	205	...	...	5	...	...	...
Bedwellty	31,710	59	77	57	2	35	50	6	26	2	...	4	82	...	...	...	...	...	...
Blaenavon	11,950	17	2	5	...	17	35	20	2	...	...	...	12	...	...	...	...	...	...
Caerleon	2,581	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow	4,263	...	2	3	...	7	4	...	2	...	...	...	...	...	...	2	...	...	...
Ebbw Vale	33,610	161	23	33	4	100	53	21	18	4	1	2	373	...	...	4	...	...	...
Llanfrechfa Upper	4,682	...	11	9	...	2	11	5	3	...	...	...	19	...	...	1	...	...	...
Llantarnam	7,923	...	17	17	...	25	11	1	2	...	...	...	47	...	...	2	...	...	...
Monmouth (Borough)	4,994	...	1	20	...	...	3	...	3	1	...	...	9	...	...	...	1	...	...
Mynyddislwyn	16,720	6	23	26	...	17	27	7	4	...	...	6	124	...	...	...	...	1	...
Nantyglo and Blaina	14,760	25	7	1	1	42	16	1	...	1	...	1	91	...	...	1	...	...	...
Panteg	11,730	1	25	5	...	2	7	5	...	...	...	...	49	...	...	...	...	...	...
Pontypool	7,200	19	4	5	...	4	5	2	1	2	...	...	54	...	...	1	...	...	1
Rhyinney	11,240	...	91	50	1	4	10	5	11	2	3	...	85	...	...	2	...	...	...
Risca	17,270	...	14	19	...	40	39	19	5	2	...	...	25	...	...	1	...	...	...
Tredegarr	24,280	158	53	7	...	71	69	19	10	...	...	1	127	...	...	8	...	...	...
Usk	1,376	..	1	...	...	4	2	...	...	...	1	...	..	...	...	...	...	...	...
Totals	306,900	491	506	411	11	426	404	141	109	18	6	27	1549	5	4	34	2	1	1
RURAL.																			
Abergavenny	9,208	...	7	1	15	...	5	1	2	...	...	...	4	...	...	...	...	...	...
Chepstow	8,877	...	2	4	...	9	10	3	...	...	...	...	...	...	...	...	...	...	...
Magor	6,579	...	3	10	...	1	2	1	1	...	...	...	2	...	...	...	...	...	...
Monmouth	6,562	1	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	5,184	...	2	1	1	...	1	2	...	...	...	...	22	...	...	...	...	...	...
St. Mellons	16,330	2	20	31	...	4	16	...	4	...	...	...	6	...	...	1	...	...	...
Totals	52,740	3	34	48	16	14	36	7	7	...	...	...	34	...	...	1	...	...	...
Grand Totals	359,640	494	540	459	27	440	440	148	116	18	6	27	1583	5	4	35	2	1	1

The number of cases of infectious diseases removed to Hospitals during the year; was as follows:—

CASES REMOVED TO HOSPITAL																
DISTRICT		Small Pox	Diphtheria	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica	Puerperal Pyrexia	
Urban—																
Abercarn	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Abergavenny	...	1	...	...	6	...	...	...	...	...	...	...	...	...	...
Abersychan	...	14	...	...	...	...	...	...	...	...	2	...	...	...	...
Abertillery	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Bedwellty	...	56	43	...	66	...	...	...	...	...	...	...	...	...	...
Blaenavon	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow	...	...	3	...	1	<i>See Table later in this Report.</i>	...	...	...	...	...	...	2	...	...
Ebbw Vale	...	164	33	4
Llanfrechfa Upper	3
Llantarnam	7	...	13		1
Monmouth
Mynyddislwyn	...	6
Nantyglo and Blaina	...	23	1
Panteg	...	1	1	
Pontypool	...	20
Rhymney	2	2
Risca...	1
Tredegar	...	158
Usk
Rural—																
Abergavenny	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...
Chepstow	...	...	3	...	3	...	...	...	...	...	...	...	1	...	...
Magor	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...
Monmouth	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
St. Mellons	...	2	7	...	3	...	...	...	...	...	...	...	...	...	...
Totals	...	489	106	1	98	...	...	...	...	6	5	...	3	...	1

With the exception of the Small Pox figures, the above has been compiled from the returns submitted by the District Medical Officers of Health.

Analysis of the Cases Notified and Deaths from Infectious Diseases according to Age Groups.

CASES NOTIFIED.															DEATHS.											
Disease	AGE GROUPS.										AGE GROUPS.															
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages
Diphtheria	6	11	17	24	50	170	101	25	36	14	5	..	459	..	4	2	3	4	6	3	1	5	4	..	1	33
Small Pox	7	5	9	9	10	89	60	92	85	35	88	5	494	1	..	..	..	..	..	..	..	..	..	..	..	1
Erysipelas	3	..	..	..	..	1	3	10	15	26	39	19	116	..	..	..	..	..	..	..	..	..	1	..	..	2
Scarlet Fever	11	15	41	45	60	235	80	26	23	3	..	1	540	..	..	..	..	..	2	..	..	..	..	..	..	2
Tuberculosis	2	4	10	11	14	61	60	75	236	63	47	5	588	2	1	..	..	1	7	6	27	65	31	31	4	175
Ophthalmia Neonatorum	27	..	..	..	..	..	..	..	..	..	..	..	27	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia	..	..	..	..	..	..	..	..	20	15	..	..	35	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis	2	..	..	..	..	1	1	1	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	..	..	..	..	3	1	7	14	2	..	..	27	..	..	..	..	..	..	..	..	1	4	..	..	5
Puerperal Fever	..	..	..	..	..	..	..	1	7	4	..	..	12	..	..	..	..	..	..	..	1	7	3	..	..	11
Cerebro Spinal Fever	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	1
Dysentery	..	..	..	..	..	..	..	..	..	4	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Polioencephalitis	..	..	1	..	..	..	..	..	..	1	..	..	2	..	..	1	..	..	..	..	..	..	..	..	..	1
Pneumonia	22	36	23	24	33	71	26	29	66	31	55	24	440	31	23	15	17	12	5	5	12	17	13	19	19	188
Encephalitis Lethargica	..	..	..	..	..	2	..	..	1	2	1	..	6	..	..	..	..	..	2	..	..	1	1	1	..	5
Chicken Pox	82	128	176	177	256	665	71	11	9	3	4	1	1583	1	..	..	..	..	..	..	..	..	..	..	..	1
Totals	162	199	277	290	423	1298	403	277	513	204	239	55	4340	35	28	18	20	17	22	14	41	97	56	52	25	425

With the exception of the Small Pox figures, the above table has been compiled from the returns submitted by the District Medical Officers of Health.

Measles.

There was a decrease in the number of deaths from Measles during the year 1929, being 39 as against 43 for the year 1928. The cases were fairly evenly spread throughout the districts of the County. The disease did not at any time become epidemic, and most of the cases occurred during the latter months of the year. As Measles is not a notifiable disease, it is very difficult to obtain a satisfactory record of the number of cases, but a large proportion of the cases are brought to the notice of the Public Health Authorities by visits of the health officials and attendance officers to the homes of the children. The following up of such cases by the inspectors and health visitors brings to light many cases in children under school age. In some of the districts leaflets are given to the parents of children suffering from measles, with instructions as regards treatment.

Scarlet Fever.

There was a large increase in the number of Scarlet Fever cases notified during the year, the figures being 540 for 1929, compared with 368 for 1928. There was also an increase in the number of deaths recorded, 3 in 1929 and 1 in 1928. It again appears that the disease was of a mild form, especially during the early months of the year, but some of the cases notified during the last four months were complicated with Nephritis. Isolation Hospital accommodation in the County is not sufficient to allow of the treatment of all the cases notified. A few of the districts, however, have made the necessary arrangements, and the cases are removed to isolation hospitals, but the general method adopted is for the removal of the serious or complicated cases and the treatment and isolation of the remainder in the homes. As already stated earlier in this report, the isolation and treatment at the home, especially in some of the older houses, is extremely unsatisfactory. The sanitary inspectors visit each house and instruct the parents regarding isolation, but in most cases satisfactory isolation is impossible on account of the number of occupants and the type of house. Arrangements for the supply of disinfectants are made. Several of the medical officers have brought to the notice of practitioners in their districts the necessity of notifying the earlier cases as soon as possible, so that every effort can be made to check the spread of the disease. The "Dick" Test does not appear to have been carried out in any of the districts, nor do the recent methods of immunisation seem to be practised.

Diphtheria.

The number of cases of Diphtheria notified during 1929 was 459. This is a large increase over the figure for the previous year, which was 269. The number of deaths recorded was above that of the previous year, being 27 and 20 respectively. Taking the increase in the number of notifications into consideration, this figure is satisfactory. The epidemic of Diphtheria at Rogeŕstone, which was commented upon in last year's report, continued during the year under review. The

Medical Officer for the District states that the epidemic was chiefly prolonged by the presence of "carriers" amongst the school children. Examination of swabs taken from the throats of all children attending the school was conducted at the County Laboratory. All the "carriers" found were excluded from school. A similar procedure was effected at Rhymney, where 50 cases were notified during the year, the majority of which occurred during the first half year. The schools were visited and swabs taken and the "carriers" found were excluded. All doubtful cases are watched and injected with serum at the outset and notified to the District Medical Officer. In most of the districts, provision is made for the free supply of anti-toxin, which is always available and can be obtained by the medical practitioners, either from the Local Medical Officer of Health or the Sanitary Inspector. Each house where a case of Diphtheria occurs is visited by the District Sanitary Inspector, and a thorough examination of the drains and sanitary arrangements is made. Disinfectants are supplied free of charge. At the termination of a case, or the removal of a patient to an isolation hospital, the premises are thoroughly fumigated and disinfected. Where the local Authority has the necessary facilities, the bedding and clothing are removed for disinfection by means of a steam disinfecting apparatus. Unfortunately, not many of the districts in the County are in possession of a steam disinfector. The "Schick" test has not been used in any of the districts.

Enteric Fever.

Twenty-seven cases of Enteric Fever were notified during 1929, as compared with twenty in 1928. The number of deaths recorded was 6, as against 5 the previous year. The cases occurred in the following areas:—Abergavenny Urban, 1; Abertillery Urban, 2; Bedwellty Urban, 2; Ebbw Vale Urban, 4; Nantyglo and Blaina Urban, 1; Rhymney Urban, 1; Abergavenny Rural, 15; and Pontypool Rural, 1. An outbreak of Typhoid Fever occurred at the Monmouthshire Mental Hospital, Abergavenny, in January, 1929. During the following two months, 15 patients were attacked by the disease, and four of these proved fatal. The bacteriological investigation into the outbreak was conducted by Dr. Catto, the County Bacteriologist, and after prolonged efforts to trace the source of infection he was able to isolate the *Bacillus Typhosus* from the centre of a gall-stone removed from a patient at the Hospital, who had been in contact with each of the early cases of Typhoid Fever. The bacteriological work, undertaken by Dr. Catto during this outbreak, comprised the examination of 189 specimens of Faeces, 58 specimens of urine, 15 specimens of blood, 30 samples of water, and one sample of milk, in addition to blood cultures and cultures from the gall-stone mentioned above, etc. Every effort is made to trace the source of infection of every case of Enteric Fever.

Diarrhoea and Enteritis.

There was very little difference in the number of deaths recorded from these diseases in children under two years of age, 36 in 1929 and 35 in 1928. All cases

of which the Health Visitor has knowledge are visited, but as the disease is not notifiable it naturally follows that very many cases occur of which the Health Visitors have no knowledge, and therefore, they are unable to visit the home and render the necessary assistance to the parents in the nursing of the ailing child. The average rate for the past twelve years, which includes one very hot summer when the rate was 17.2, has been 7 per 1,000 births. It will be observed that the rate for 1929 is considerably below that average, being 5.6 per 1,000 births. These figures speak well for the working of the County Maternity and Child Welfare Scheme, as prior to the scheme being put into operation the death rate averaged 11 per 1,000 births. The Health Visitors, when visiting cases, give to the mothers printed instructions on the care, nursing and feeding of the infants. It is also the practice in some districts for the local Authority to distribute instructional leaflets on this subject during the summer months, and much benefit has been derived from this source of instruction.

Cerebro Spinal Fever, Acute Poliomyelitis and Acute Polio-Encephalitis.

Five cases of Acute Poliomyelitis, one case of Cerebro Spinal Fever and two cases of Acute Polio-Encephalitis were notified during the year. There were two deaths recorded from Acute Polio-Encephalitis, but no deaths from Cerebro Spinal Fever or Acute Poliomyelitis. The five cases of Acute Poliomyelitis and one case of Cerebro Spinal Fever were notified from Nantyglo and Blaina Urban District. The two cases of Acute Polio-Encephalitis were notified, one from Abercarn and one from Mynyddislwyn Urban Districts.

1929

Small Pox

The epidemic of Small Pox in Monmouthshire continued during the year under review, the number of cases notified to the County Medical Officer from the various districts being 494. This figure is considerably below the total for the year 1928 which was 1244. The notification rate per 1,000 of the estimated population for the year 1929 was 1.37 as compared with 3.398 for 1928. There was one death recorded during the year giving a death rate of .002 per 1,000 of the estimated population. There was no death recorded in 1928. The number of cases removed to Hospital for isolation and treatment was 489. Of this number 452 cases were treated at The Beeches Isolation Hospital, Abersychan, which is the property of the Monmouthshire County Council, 36 at the Isolation Hospital of the Cardiff Corporation and 1 at The Cefn Hospital, the property of the Newport Corporation. A summary of the cases notified and of the cases removed to Hospital from the various districts is given in the following table:—

District.	Cases Notified.	Cases removed to Hospital
URBAN.		
Abergavenny	1	1
Abersychan	15	14
Abertillery	28	27
Bedwas and Machen	1	1
Bedwellty	59	56
Blaenavon	17	15
Ebbw Vale	161	164
Mynyddislwyn	6	6
Nantyglo and Blaina	25	23
Panteg	1	1
Pontypool	19	20
Tredegarr	158	158
RURAL.		
Monmouth	1	1
St. Mellons	2	2
TOTALS 	494	489

The difference in the columns headed 'cases notified' and 'cases removed to hospital' is due to the fact that some cases are notified at the end of one year and are removed during the first few days of the following year.

During March, April and May of the year under review the incidence increased. In one week of April, 25 cases were notified and in one week of May 26 cases. This was the largest number of notifications in any one week of the whole year. The last week of November showed 20 cases and from that week until the end of the year the incidence continued. It is interesting to note that during the weeks ended 14th September and the 5th October, no cases of Small Pox were notified. At the latter end of March the accommodation at The Beeches Isolation Hospital, Abersychan, was inadequate and all the cases could not be isolated there. The Cardiff and Newport Corporations were asked to admit those cases for whom accommodation at The Beeches could not be found. The Cardiff and Newport Corporations very readily came to the assistance of the County Council and admitted for isolation and treatment the cases mentioned.

As indicated in the report for 1928, the proposal to increase the accommodation at The Beeches by transferring the Hut and Chalet, which were erected by the County Council at Abergavenny and Chepstow Hospitals, was completed at the end of the year. The accommodation now available at The Beeches is 31 beds and 3 cots for females and 35 beds for males.

The new ambulance, already referred to under the heading "Hospital Accommodation" has been fully employed in dealing with cases for removal. The ambulance is proving to be in every way satisfactory, and it has not been necessary to call for assistance from outside authorities. In previous years the ambulance of the Bedwellty Council was utilised.

On the 8th July, 1929, the Minister of Health issued a circular relating to Small Pox contacts proceeding abroad. With a view to avoiding any risk of the spread of Small Pox from this Country to other countries the Minister has had under consideration the procedure which should be followed in the case of persons who have been in direct contact with cases of Small Pox, and who intend to proceed to destinations abroad before the incubation period of the disease has elapsed. It is desirable that in all such cases, that the appropriate Public Health Authorities of the country to which such persons are proceeding should be notified, in order that they may be in a position to keep them under medical supervision for the necessary period.

In the annual report for the year 1928, reference was made to the Committee appointed by the Minister of Health and which consisted of eminent doctors and surgeons, with Sir Humphrey Rolleston as Chairman, and who during the year prepared and presented to the Minister of Health a report upon the various matters relating to Vaccination. In view of the provisions of the Local Government Act, 1929, in pursuance of which functions relating to vaccinations shall be discharged by the Councils of Counties and County Boroughs as from 1st. April, 1930, the report of this Committee is of special interest. The Minister of Health decided to amend the Vaccination Orders, and the Vaccination Order of 1929, dated the 15th August, made by the Minister of Health under the Vaccination Acts 1867 to 1898, and the Vaccination Act, 1907, came into operation on the 1st October, 1929. The amendments in the Orders were made so as to incorporate in the Vaccination Order, 1929, certain of the recommendations of the Committee which was set up by the Minister of Health. These recommendations are as follows:—

(1) In place of the officially advocated four insertions, trial be made of vaccination and re-vaccination in one insertion, with a minimum of trauma, and that multiple scarification and/or cross-hatching be deprecated.

(2) Primary vaccination be performed in infancy, between the ages of two and six months, as at present, and revaccination be offered at the time when a child enters school (5 to 7 years) and again on leaving (14 to 16 years.)

(3) Vaccination in multiple insertions be available for such persons as desire to obtain the maximum protection against small pox obtainable at one operation.

(4) In public vaccination parents be informed that if, in consequence of vaccination, a child requires medical attention, it is the duty of the public vaccinator concerned to provide such attention without cost to the parents.

In the Circular of the Ministry of Health dated 19th August, 1929, special attention is drawn to the remarks of the Committee, and which were set out in their report on the occurrence of cases of "post vaccinal nervous disease." The Committee point out that however seldom such cases may occur they are of serious import and cannot fail to have an effect upon vaccination, both in its administrative and in its purely medical aspect, but the Committee also point to the extreme rarity of such manifestations, particularly after revaccination and after primary vaccination in early infancy, and they conclude that early infancy remains the time of choice for primary vaccination.

The Minister of Health recognises that "post-vaccinal nervous disease" both in this country and abroad has occurred mainly in children of school age or adolescents who had never previously been vaccinated and that this fact emphasises the desirability of securing the successful vaccination of infants. Where this has not been attained, the question which arises is whether it is advisable to vaccinate children of school age or adolescents.

Chicken Pox

Chicken Pox was again made a notifiable disease in practically every Urban and Rural area in the County on account of the continued epidemic of Small Pox. The number of cases notified was 1,583 as compared with 1,727 in 1928.

Whooping Cough.

The number of deaths recorded from Whooping Cough was 75. This is a large increase upon the figure for 1928 when the number of deaths was 41. It is very difficult to obtain satisfactory information with regard to this disease or the actual number of cases occurring, as in no instance has it been made compulsorily notifiable. Very little comment is offered in the reports of the District Medical Officers of Health respecting Whooping Cough, but it does not appear that the disease became epidemic at any particular period during the year.

Encephalitis Lethargica.

There was a considerable decrease in the number of cases notified and of the deaths recorded from the above disease during 1929. The figures being 6 cases notified as compared with 13 for the previous year. There were 7 deaths as against 16 for 1928. The following table shows the districts from which notifications were received and also where deaths were recorded:—

District.				Cases notified.	Deaths recorded.
URBAN					
Abercarn	...	...	...	—	1
Abergavenny	...	...	...	—	1
Abertillery	...	...	...	1	—
Ebbw Vale	...	...	...	1	—
Nantyglo and Blaina	...	...	...	—	1
Panteg	...	...	...	—	1
Rhymney	...	...	...	3	1
Usk	...	...	...	1	1
RURAL					
St. Mellons	...	...	...	—	1
Totals	...	...	...	6	7

Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919.

There was an increase in the number of cases of Pneumonia notified during the year 1929, 440 as compared with 383. There was a slight increase in the number of deaths, 302 in 1929 and 297 in 1928. The increase in the number of notifications received may partly be due to an improvement in the notifications made by medical practitioners to the District Medical Officers. However, these figures cannot be taken as a definite indication of the number of persons attacked. Practitioners in the County are still being reminded of their duties under the Regulations.

Influenza.

The number of deaths during the year 1929 from Influenza was 148. This is a considerable increase as compared with the year 1928 when the figure was 99. Although all the reports of the District Medical Officers of Health have not yet been received, from those already to hand, no special mention is made that the disease had reached epidemic proportions in any district. Influenza is not notifiable and there is no way of obtaining definite information regarding the number of persons affected.

Erysipelas.

The number of cases of Erysipelas notified during the year was 116 as compared with 73 in 1928 which shows an increase of 43. According to the notifications received it would appear that the disease was fairly evenly spread throughout the County. No special remarks are made by the District Medical Officers with the exception that in one district the Medical Officer states that the cases notified were of a mild nature and that they all made a good recovery, and did not necessitate their being removed to an isolation hospital.

Cancer.

The number of deaths registered from Cancer during the year was 360, which shows an increase over the figure for the previous year which was 345. Practically the whole of the deaths occurred in persons between the age periods of 45 and 65 years and upwards. Very little comment is offered in regard to this disease by the Local Medical Officers of Health who have sent in their reports to the County Medical Officer, and it would again appear that no local action has been taken for improving facilities for diagnosis or treatment. In view of the great and increasing amount of suffering and deaths due to Cancer, the public concern evinced by its prevalence, the failure to find a preventative or cure for it, and the enquiries made by the Local Health Authorities as to steps they can usefully take to combat this disease, the Ministry of Health has prepared a short Memorandum on Cancer,

Ophthalmia Neonatorum.

Twenty-seven cases of this disease were notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1914, as compared with 30 cases in the year 1928. The disease is fully commented upon in the County Maternity and Child Welfare Report which has already been published for the year 1929.

	Cases		Vision Un- impaired	Vision Impaired	Total Blindness	Deaths while under treatment from causes other than Ophthalmia Neonatorum
Notified	Treated					
	at Home	in Hospital				
27	15	12	26	...	...	1

Puerperal Fever.

During the year 1929, notifications were received from the District Medical Officers of 12 cases, while in the return of deaths furnished by the Registrar-General the number due to Puerperal Sepsis was 21. In the year 1928, 14 cases were notified, with 15 deaths; in 1927, 14 cases were notified with 8 deaths; in 1926 19 cases were notified, with 7 deaths; in 1925, 22 cases, with 8 deaths; in 1924, 15 cases, with 10 deaths, in 1923, 19 cases, with 9 deaths, in 1922, 11 cases, with 14 deaths; in 1921, 17 cases, with 12 deaths; in 1920, 24 cases, with 20 deaths; in 1919, 19 cases, with 11 deaths, in 1918, 6 cases, with 3 deaths; in 1917, 4 cases, with no death; while in 1916, 13 cases were notified, 8 being fatal. The attack rate per 1,000 births in 1929 was 1·86. The attack rate per 1,000 of population equalled ·03, and the death-rate per 1,000 of population ·058. The death-rate per 1,000 births was 3·27.

This disease is fully commented upon in the County Maternity and Child Welfare Report.

Puerperal Pyrexia.

On the 1st October, 1926, puerperal pyrexia became a notifiable disease in addition to puerperal fever. Puerperal pyrexia is defined as any febrile condition (apart from puerperal fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Fahr. or more has been sustained during a period of 24 hours.

Twenty-nine cases of puerperal pyrexia were notified in 1929, and all were followed up by the Inspectress of Midwives. Twenty-eight cases cleared up satisfactorily, and one subsequently proved to be puerperal fever.

A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as consultant obstetrician. Cases requiring

hospital treatment are sent to the Royal Gwent Hospital, Newport, and any necessary bacteriological examination is made by Dr. H. W. Catto, County Bacteriologist, at the County Laboratory, Newport.

Anthrax and Rabies.

No cases of these diseases were notified during the year.

RAG FLOCK ACTS, 1911 AND 1928.

There are very few premises within the County where Rag Flock is manufactured, used or sold. From the reports received it is noted that these premises are regularly visited by the District Sanitary Inspectors.

RATS, Etc.

Most of the Districts have made arrangements for the destruction of rats, etc., upon their property. The refuse tips in some of the areas, it is reported, are infested with rats and extensive baiting has been applied. As the condemned foodstuffs are usually buried at these refuse tips, rats and other pests make the tips their breeding grounds. Until some other method for the disposal of refuse, condemned foodstuffs, etc., is adopted, in the form of refuse destructors, it is necessary that strict supervision of these tips shall be maintained and the destruction of rats, etc., continued. Several of the Local Authorities have made arrangements for their Sanitary Inspectors to work in co-operation with the County Rat Destruction Officer.

DISINFECTION.

Schools.

On the outbreak of an infectious disease in a district and the schools being closed in consequence, the County Sanitary Inspector disinfects all the departments in the schools. A suitable solution of " Kerol " disinfectant is used and the method adopted is that of spraying, a MacKenzie Spray being found to be the most suitable apparatus for this work. It has also been found necessary in some instances to fumigate parts of the school premises.

Rooms, etc.

Where a case of infectious disease has been isolated in or removed from a home, the District Sanitary Inspector disinfects the premises. The methods generally adopted are by gaseous or liquid disinfectants, and sometimes both are used in conjunction.

Bedding, Clothes, etc.

As stated in previous reports few of the Councils in the County have the proper facilities for the disinfection of these articles. Owing to the epidemic of

Small Pox some of the districts have made arrangements with an Authority which is in possession of a suitable steam disinfecter. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing a steam disinfecting apparatus for their areas. As it is obvious that disinfection of bedding and clothes by steam is the most thorough, it is hoped that the Councils concerned will provide the necessary machines. Disinfectants, both liquid and powder are still available in the districts to the persons responsible for the care of patients suffering from infectious disease.

TUBERCULOSIS.

During the year, 440 cases of Pulmonary Tuberculosis were notified, and 232 deaths were registered. Of other forms of Tuberculosis, 148 cases were notified and 56 deaths registered.

TUBERCULAR DISEASES.—Notification rate per 1,000 of population:—

Pulmonary Tuberculosis:—

1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
2.45	2.3	2.47	2.26	1.9	1.27	.78	.86	1.05	1.18	.93	.90	1.07	.93	1.27	1.22

Other forms of Tuberculosis:—

.65	.68	.65	.51	.48	.37	.27	.21	.34	.51	.29	.35	.44	.42	.49	.41
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TUBERCULAR DISEASES.—Death Rate per 1,000 of population:—

Pulmonary Tuberculosis:—

1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
.6	.80	.94	.82	.96	.77	.68	.7	.69	.65	.68	.69	.57	.61	.73	.65

Other forms of Tuberculosis:—

.23	.28	.26	.27	.27	.21	.19	.2	.18	.21	.2	.18	.17	.19	.179	.15
-----	-----	-----	-----	-----	-----	-----	----	-----	-----	----	-----	-----	-----	------	-----

There is a slight decrease in the notification rates for both Pulmonary and Non-Pulmonary Tuberculosis. There is also a slight decrease in the death rates for the disease when compared with 1928.

When making up the quarterly statistics for the perusal of the County Tuberculosis Committee, it is noticed that in some instances the Tuberculosis figures entered upon the notification of infectious disease cards, copies of which are sent to the Registrar-General, and the particulars given on the weekly forms which are sent in by the District Medical Officers of Health to this office, do not agree. The County Sanitary Inspector visits the District concerned, restifies the error, and impresses upon the District Medical Officer of Health the necessity of correctly notifying the cases, with the result that during the year 1929 a further improve

ment in the notification of this disease is noted. The activities of the County Sanitary Inspector in this respect probably accounts for the high notification rates of recent years.

Tuberculosis is a disease which generally extends over a period of years, so that in 1914, and the years immediately following, notifications were received of chronic and long-standing cases as well as the new cases coming to the knowledge of the practitioners of the County. It can now be surmised that the old cases have been detected, and that the great majority of the cases notified in recent years are new cases only.

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1912, during the period 30th December, 1928, to the 28th December, 1929, with the number of Deaths notified by the Registrar General.

Age Periods.	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Total.
0	...	1	...	1	2	0	1	...	...	1	2
1	8	8	16	7	39	1	...	...	1	1	2
5	25	13	15	8	61	2	1	...	3	2	6
10	8	17	18	17	60	5	3	4	9	4	20
15	24	30	12	9	75	15	26	49	11	4	90
20	37	51	4	13	105	25	38	54	5	6	103
25	40	56	6	6	108	45	30	16	3	6	55
35	31	27	1	4	63	65	7	1	...	...	8
45	25	12	1	2	40	75	1	1	...	...	2
55	5	1	...	1	7	...	...	...	...	...	...
65 and upwards	3	1	1	...	5	...	...	...	...	...	...
Totals	206	217	74	68	565		107	125	32	24	288

No. of Notifications on Form " B "				
(School Medical Inspectors)				
Age Periods.	Pulmonary.		Non-Pulmonary	
	Males.	Females.	Males.	Females.
Under 5	...	...	...	...
5-10	1	2	2	1
10-15	2	2	1	1
Totals	3	4	3	2

No. of Notifications on Form " C "							
Admissions to:—							
HOSPITALS				SANATORIA.			
Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
Males	Females	Males	Females	Males	Females	Males	Females
137	110	42	18	48	23	2	1

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1912, during the year ended December 31st, 1929,
with reports upon Examinations of Sputa, etc., at the
County Laboratory.

DISTRICTS AND SUB-DISTRICTS.				PULMONARY.			OTHER T.B. DISEASES.			Total.		
				Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
					Pos.	Neg.			Pos.			Neg.
URBAN.												
Abercarn												
Abergavenny												
	Abergavenny	...				...	1	...	...	1		
Abersychan												
	Abersychan	...	...	4	2	1	1	4	1	...	3	8
	Garndiffaith	...	...	4	1	3	...	1	...	1	...	5
	Varteg	...	...	1	...	1	...	...	...	...	...	1
	Penygarn	...	...	2	1	...	1	...	...	...	...	2
	Pontypool	...	...	1	...	1	...	1	...	...	1	2
	Pontnewynydd	...	...	7	2	2	3	1	...	...	1	8
	Talywain	...	...	2	...	2	...	...	...	...	...	2
Abertillery												
	Abertillery	...	...	9	5	4	...	2	...	...	2	11
	Aberbeeg	...	...	...	...	...	...	1	...	...	1	1
	Cwmtilerry	...	...	3	1	1	1	...	...	...	...	3
	Six Bells	...	...	2	1	1	...	2	...	...	2	4
	Llanhilleth	...	...	...	...	...	...	3	...	...	3	3
Bedwas & Machen												
	Bedwas	...	...	5	2	1	2	4	...	...	4	9
	Machen	...	...	2	1	1	...	1	...	...	1	3
	Trethomas	...	...	14	5	3	6	6	...	1	5	20
	Maesycwmmmer	...	...	3	1	1	1	3	...	...	3	6
Bedwellty												
	Markham Village	...	...	5	1	2	2	...	...	...	...	5
	Blackwood	...	...	7	3	3	1	2	...	...	2	9
	Aberbargoed	...	...	8	1	4	3	...	...	...	...	8
	Cefn Forest	...	...	5	3	2	...	1	...	...	1	6
	New Tredegar	...	...	11	3	4	4	2	...	...	2	13
	Pengam	...	...	1	1	...	...	...	...	...	...	1
	Argoed	...	...	3	...	2	1	...	...	...	...	3
	Cwmsyfiog	...	...	3	...	...	3	...	...	...	...	3
	Bedwellty	...	...	1	...	1	...	...	...	...	...	1
	Phillipstown	...	...	2	1	...	1	...	...	...	...	2
	Fleur-de-lis	...	...	4	...	2	2	...	...	...	...	4
	Hollybush	...	...	...	...	...	...	1	...	...	1	1
Blaenavon												
	Blaenavon	...	...	35	7	9	19	20	...	1	19	55
Caerleon.												
	Caerleon	...	...	3	1	...	2	...	...	...	...	3
Chepstow												
	Chepstow	...	...	4	...	...	4	...	...	...	...	4

DISTRICTS AND SUB-DISTRICTS.				PULMONARY.			OTHER T.B. DISEASES.				Total	
				Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination			Specimen not submitted
					Pos.	Neg.			Pos.	Neg.		
Ebbw Vale												
Cwm	11	3	6	2	5	1	2	2	16			
Ebbw Vale	32	12	13	7	9	...	3	6	41			
Beaufort	3	1	1	1	6	...	1	5	9			
Waunllwyd	4	1	...	3	1	...	...	1	5	
Victoria	3	...	1	2	...	...	...	...	3
Llanfrechfa Upper.												
Pontnewydd	10	...	3	7	4	...	...	4	14	
Upper Cwmbran	1	...	...	1	1	...	...	1	2
Llantarnam.												
Cwmbran	11	1	2	8	1	...	...	1	12	
Monmouth												
Monmouth	3	...	...	3	...	...	...	...	3
Mynyddislwyn.												
Wattsville	2	1	1	...	1	...	...	1	3	
Ynysddu	6	2	1	3	1	...	...	1	7	
Pontllanfraith	3	2	...	1	1	...	1	...	4			
Cwmfelinfach	10	4	1	5	1	...	...	1	11	
Oakdale	4	1	...	3	2	...	...	2	6	
Wyllie	1	...	...	1	...	...	...	...	1
Blackwood	1	...	...	1	...	...	...	...	1
Penmaen ... ..	...	...	...	...	1	...	...	1	1
Nantyglo & Blaina												
Nantyglo	7	1	1	5	1	...	...	1	8	
Blaina	9	2	1	6	...	...	...	...	9
Panteg.												
Griffithstown	4	1	...	3	4	1	...	3	8			
Pontymoile	2	1	...	1	1	...	...	1	3	
New Inn	1	...	...	1	...	...	...	...	1
Pontypool												
Pontypool	5	1	2	2	2	...	1	1	7			
Rhymney												
Rhymney	6	2	3	1	4	1	...	3	10			
Abertysswg	4	1	...	3	1	...	...	1	5	
Risca												
Risca	18	8	5	5	8	...	3	5	26			
Pontywain	5	1	2	2	...	...	...	...	5
Crosskeys	13	5	3	5	6	...	...	6	19	
Wattsville	2	1	1	...	2	...	...	2	4	
Pontymister	1	...	...	1	3	...	...	3	4
Tredegar.												
Tredegar	69	26	31	12	19	...	5	14	88			
Usk.	2	...	...	2	...	...	...	...	2

DISTRICTS AND SUB-DISTRICTS.				PULMONARY.			OTHER T.B. DISEASES.				Total.	
				Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination			Specimen not submitted
					Pos.	Neg.			Pos.	Neg.		
RURAL.												
Abergavenny												
Grosmont	..	...	2	...	...	2	...	...	...	...	2
Govilon	...	...	1	...	...	1	...	...	...	...	1
Llanvair	...	...	2	...	...	2	...	...	...	...	2
Llantilio Pertholey	...	...	...	...	...	...	1	...	...	1	1
Chepstow												
Shirenewton	...	...	1	...	...	1	...	...	...	...	1
Portskewett	...	...	1	...	...	1	...	...	...	...	1
Chepstow	...	..	1	...	...	1	...	...	...	...	1
Caldicot	...	...	4	...	...	4	...	...	...	...	4
Undy	...	...	1	1	...	...	...	...	...	...	1
Sudbrook	...	...	1	...	...	1	...	...	...	...	1
Tintern	...	...	1	...	...	1	3	...	...	3	4
Magor.												
Llanwern	...	...	1	...	...	1	1	...	...	1	2
Langstone	...	...	1	1	...	...	...	...	...	...	1
Monmouth												
Bryn Gwyn	...	...	2	...	...	2	...	...	...	...	2
Pontypool.												
Croesyceilog	...	...	...	...	...	...	2	...	...	2	2
Llanbadoc	...	...	1	...	...	1	...	...	...	...	1
St. Mellons.												
St. Mellons	...	...	1	...	...	1	...	...	...	...	1
Rogerstone	...	...	8	2	3	3	...	...	...	...	8
Rumney	...	...	3	...	...	3	...	...	...	...	3
Rhiwderin	...	...	1	...	...	1	...	...	...	...	1
Malpas	...	...	1	...	...	1	...	...	...	...	1
Bassaleg	...	..	1	...	...	1	...	...	...	...	1
Newport	...	...	1	1	...	...	...	...	...	...	1
Totals			440	126	132	182	148	4	19	125	588	

The reports of the Tuberculosis Physicians of the Welsh National Memorial Association for the year ended March 31st, 1930, are as follows:—

West Monmouthshire Area. (Dr. J. L. Thomas)

TIME TABLE.

Abertillery	...	85 Queen Street	...	Every Wednesday at 11 a.m.
Blaina	...	Council Buildings	...	1st and 3rd Wednesdays at 11 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday at 11 a.m.
Pengam	...	Post Office Chambers	...	1st and 3rd Mondays at 11 a.m.
Pontllanfraith	...	Tuberculosis Institute, Llanarth Road	...	Every Monday at 10.30 a.m. Every Friday at 10.30 a.m. Orthopædic Clinic, 3rd Tuesday at 2.30 p.m.
Risca	...	Public Hall	...	2nd and 4th Fridays at 10 a.m.
Rhymney	...	Central Surgery	...	2nd Monday at 12.30 p.m.
Tredegar	...	Central Surgery	...	Every Thursday at 12 noon.
Trethomas	...	Dr. Morgan's Surgery	...	4th Monday at 12.30 p.m.

Return showing the work of the Area during the year 1929.

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	75	75	6	7	17	20	21	11	92	95	27	18
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	100	91	75	74
(c) Non-tuberculous	—	—	—	—	—	—	—	—	146	163	149	119
B. Contacts examined during the year:—												
(a) Definitely tuberculous	8	10	—	6	2	—	2	3	10	10	2	9
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	11	10	18	20
(c) Non-tuberculous	—	—	—	—	—	—	—	—	100	159	116	135

(1) Number of Consultations with Medical Practitioners—		
(a) At homes of applicants	... ..	17
(b) Otherwise	... ..	1155
(2) Number of other visits by Tuberculosis Officer to homes	... ..	641
(3) Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	... ..	13
(4) Number of:—		
(a) Specimens of sputum, etc., examined	... ..	818
(b) X-ray examinations made in connection with Dispensary work	... ..	155
(5) Number of attendances at the Dispensaries and Visiting Stations	... ..	5509

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, i.e., over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	405	45	38	98	91	74	59
Women ...	458	46	39	117	119	106	31

Analysis of Column 7 (b), giving diagnosis arrived at:—*Men*: Gastritis, 1; Chronic Bronchial pneumonia, 1; Neurasthenia, 1; Neurosis, 1; Fibro. and Bronchiec., 1; Bronchiectasis, 8; C.V.D., 11; Chronic bronchitis, 11; Syphilis, 2; Silicosis, 6; Bronchitis and emphysema, 8; Neoplasm, 1; Dysentery and syphilis, 1; Sepsis, 1; Arterio sclerosis, 1; Bronchial and nasal catarrh, 2; Chronic appendicitis, 1; Hyperthyroidism, 1. *Women*: C.V.D., 9; Carcinoma, 1; Bronchiectasis, 2; Debility, 1; Ganglion tenosynovitis, 1; Anaemia, 1; Hyperthyroidism, 1; Bronchitis 12; Gastritis, 1; Rheumatism, 1; Nasal Ph. Catarrh, 1.

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	51	2	17	16	14	—	2
Women ...	69	—	20	16	26	—	7
Boys ...	79	1	22	12	37	—	7
Girls ...	51	2	12	8	23	—	6

Analysis of Column 7 (b), giving diagnosis arrived at:—*Men*: Trauma, 2. *Women*: Goitre, 1; C.V.D., 1; Chronic appendicitis, 1; Vesical calculus, 1; Nephritis 1; Rheumatoid arthritis, 1; Syphilis, 1. *Boys*: Trauma, 2; C.V.D., 3; Nephritis, 1; Otitis media, 1. *Girls*: Dental abscess, 1; Paraplegia, 1; Rheumatism, 1; Sepsis, 1; Tonsillitis, 1; Colic and Bronchitis, 1.

GENERAL OBSERVATIONS.—The total number of new cases examined during the year was 1,749, an increase of 11 over last year's total. The percentage of definite cases was 15·5 as compared with 19·16 in 1928.

Of the total number, 600 were those of Contacts to definite cases, an increase of 93 over last year's total. Of these the percentage of definite cases was 5·15, as compared with 7·5 in 1928.

These lower percentages can be reasonably interpreted as indicating the increasing desire of general practitioners to have a diagnosis made as early as possible in a doubtful case, and also a more extensive and thorough Contact examination.

One would like to argue from these figures that there is a definite decrease in the incidence of tuberculosis, but there are difficulties in the way of drawing such a conclusion, especially when one considers the number of our young people who are coming back to us from domestic service or factory work in large towns with their disease well established.

The attendances at our Dispensaries during the year totalled 5,509. This somewhat lower figure is probably accounted for by the changes which took place in the working of the Area as the result of the opening of the Central Institute at Pontllanfraith, and the closing down of the Visiting Stations at New Tredegar and Newbridge.

The new Institute is very centrally situated and serves conveniently for a number of colliery villages. Bus-service in all directions makes attendance easy. When an X-ray plant and a Light Department are installed there will be possibilities of very useful work being done.

In addition to the ordinary work there is a good attendance at the Surgical Clinic, which Mr. Brownlee holds on the third Tuesday of every month.

At present, patients requiring X-ray examination have to attend at the Newport Institute.

During the year there has been a steadily increasing number of miners sent to us, ostensibly as cases of tuberculous chest disease, but really for an opinion as to the incidence of dust disease. Whenever there has been a possibility of tuberculosis being present, an X-ray examination has been undertaken.

As in past years a constant use of the Von Pirquet Skin Test has been made, and whatever may be the ultimate decision as to the value of this test it is certain that very interesting and often very striking results are obtained.

Subjoined is a table showing the results of 2,000 consecutive tests at all ages, and they seem to agree very closely with those of last year's record. Full strength tuberculin was used and the usual technique followed. Doubtful results have been counted as positive and, whenever required, the test was repeated at a suitable interval.

In 610 (included in the 2,000) patients tested the results were not noted and in the great majority were probably negative.

			0—1	1—5	5—15	15 <i>upwards</i>
Positive	...	...	4	53	169	446
Negative	...	...	14	114	345	245

In order to endeavour to determine the comparative frequency of infection by a mother or father having T.B. Plus sputum, the following results are tabulated, but they do not warrant any definite conclusion:—

CONTACTS TO MOTHER.

			0—1	1—5	5—15	15 <i>upwards</i>
Positive	—	5	4	—
Negative	—	3	4	1

CONTACTS TO FATHER.

			0—1	1—5	5—15	15 <i>upwards</i>
Positive	—	3	5	1
Negative	—	2	7	—

Early admission to Cefn Mably Hospital of pulmonary cases has generally been possible and any delay in treatment has usually been the result of the patient or friend's hesitation in consenting to Institutional treatment, but as in past years, patients suffering from surgical tuberculosis have often had to wait long for a bed, even when anxious to go away for treatment.

The number of War Pensioners attending our Dispensaries is steadily decreasing.

“Hard times” prevailed generally last year in the Area, but there is not any definite evidence that the incidence of tuberculosis was increased thereby.

CONTINUED TREATMENT CLINICS. — The District Nurses who are subsidised by the Association have attended our cases as requested. A list of patients discharged from or waiting admission to Hospital and requiring dressing or

other treatment has been sent to the Nurses in the different districts, and the necessary attention has been given.

Nearly all our Contact work is done in the home, and our visits have invariably been well received. This occasion when the members of the household are examined provides a good opportunity for seeing the home conditions and manner of living of patients who are going to or returning from Hospital or Sanatorium and also of inculcating hygiene.

Here one may mention that one hears of children telling their parents of the lessons they have learned from our School Tuberculosis Lecturer.

Dr. Frank Wells and Sister Williams have, as in past years, been loyal and conscientious colleagues, and the clerical work has been well done by our Clerk, Miss Clarice Richards.

ACKNOWLEDGMENTS.—In all our work our relationship with County and District Health Officers has been close and friendly, and the same may be said with regard to the general practitioners, for which happy condition we have been grateful.

East Monmouthshire Area. (Dr. A. Carveth Johnson.)

TIME TABLE.

Newport	...	Institute, 4 Palmyra Place		Mondays, 10 a.m. and 2.30 p.m., and 6 p.m. by appointment. Wednesdays, 10 a.m. and 2.30 p.m. Thursdays, 10 a.m. and 2.30 p.m. 2nd Friday in each month, 10 a.m. Orthopædic Clinic. Saturday, 10 a.m. to 1 p.m.
Pontypool	...	Park Buildings	...	Tuesdays, 10 a.m. and 2 p.m. Thursdays, 10 a.m. Fridays 2.30 p.m.
Chepstow	...	Tycastroggy, Moor Street	...	
Abergavenny	...	Y.M.C.A. Buildings	...	2nd and 4th Thursdays in each month at 2.30 p.m. 1st and 3rd Fridays in each month, at 12 noon
Monmouth	...	Out-Patients' Department, Cottage Hospital, Monmouth.		

Return showing the work of the Area during the year 1929.

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	126	107	8	15	21	22	24	11	147	129	32	26
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	1	—	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	133	158	197	165
B. Contacts examined during the year:—												
(a) Definitely tuberculous	4	10	3	1	1	1	4	1	5	11	7	2
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	119	211	143	138

(1) Number of Consultations with Medical Practitioners:—

(a) At homes of applicants	...	...	...	...	128
(b) Otherwise	...	...	...	...	1030

(2) Number of other visits by Tuberculosis Officer to homes ... 439

(3) Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... 1220

(4) Number of:—

(a) Specimens of sputum, etc., examined	...	...	...	389
(b) X-ray examinations made in connection with Dispensary work	...	...	...	371

(5) Number of attendances at the Dispensaries and Visiting Stations ... 4964

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, i.e., over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	369	57	73	16	162	39	22
Women ...	472	50	67	29	249	58	19

Analysis of Column 7 (b), giving diagnosis arrived at:—*Men*: Bronchitis and emphysema, 7; Cardiac disease, 5; Pneumonia, 1; Asthma, 1; Carcinoma of stomach, 1; Malignant disease of lung, 2; Empyema, 1; Pharyngitis, 2; Bronchiectasis, 1; Silicosis, 1. *Women*: Empyema, 1; Excessive smoking, 1; Nas. ph. catarrh, 2; Chronic constipation, 2; Heart disease, 5; Chronic bronchitis, 3; Pneumonia, 1; Thyroid deficiency, 1; Chronic appendicitis, 1; Chronic laryngitis, 1; Gynaecological case, 1.

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	35	1	21	4	3	—	6
Women ...	37	2	21	1	7	—	6
Boys ...	71	2	26	6	26	—	11
Girls ...	44	1	11	6	18	—	8

Analysis of Column 7(b), giving diagnosis arrived at:—*Men*: Sycosis of chin, 1; Rheumatoid arthritis, 1; Septic ulcer of thigh, 1; Syphilis, 1; Carcinoma, 1; Lymphadenoma, 1. *Women*: Sarcoma, 1; Osteophylitis, 1; Choroiditis, 1; Traumatic synovitis, 1; Rheumatoid arthritis, 1; Cervical adenitis, 1; (Non T.B.) *Boys*: Sepsis, 2; Appendix abscess, 1; Coeliac disease, 1; Enlarged tonsils and adenoids, 2; Acute abscess of neck, 1; Acute poliomyelitis, 1; Heart disease, 1; Scattered's disease, 1; Phimosis, 1. *Girls*: Acute abscess of neck, 1; Enlarged tonsils and adenoids, 4; Syphilitic knee, 1; Cervical adenitis (Non T.B.), 1; Post operative adhesions (abdominal), 1.

GENERAL MATTER.—Once again there has been an increase in the amount of work done during the year. 1,000 ordinary new cases and 636 contacts have been examined. This is 66 fewer ordinary cases but 142 more contacts than in the previous year. Thus nearly 40 per cent. of the total new cases examined are contacts. Nearly 34 per cent. of the ordinary new cases but only 4 per cent. of the contacts were found to be suffering from tuberculosis. This figure of 4 per cent. is misleading, as it represents only those having active disease needing treatment. Very many of the contacts are actually tuberculous and have been told to attend regularly for examination.

CONTACT EXAMINATION.—As soon as possible after seeing a new case of tuberculosis, a letter is sent to the head of the family inviting all other members to attend for examination. This is done irrespective of whether the case is

pulmonary or non-pulmonary. The former are regarded chiefly as sources of infection but, particularly in the case of children, we also try to ascertain whether we can find an infecting case. In non-pulmonary cases we examine contacts to see if we can find the source of infection. Even in a large town like Newport it is surprising how often the probable source of infection can be discovered.

A case in point:—Several years ago two adult cases were seen from the same house—one pulmonary and one non-pulmonary tuberculosis. No source of infection known. Quite recently I was asked to see the mother— an old lady with definite tuberculosis and a T.B. plus sputum. On enquiry she admitted to having had a cough with sputum for very many years but felt fairly well and took no notice of it.

Although the number of contacts is considerable, it should be very much greater. It represents contacts to 224 patients. To 196 cases no contacts were examined. While in some instances there is good reason for this, only too often it is a question of sheer apathy—the contacts simply won't bother to attend. On the other hand, many of the more intelligent contacts attend, asking to be examined before we have time to send for them.

The number of visits to homes keeps high, although most of the population of the Area is within easy reach of a Visiting Station. In my opinion, it is better to have a few well-equipped Visiting Stations and visit homes whenever necessary rather than to have a large number of Visiting Stations.

The very small number of sputum examinations undoubtedly calls for adverse criticism. In explanation it can only be said that sputum has been examined wherever necessary. Many of the definite new cases attend with a note from the doctor saying that sputum has been examined with a positive result. Others are sent into Hospital at once and sputum is examined there, while most of the contacts and many of the other new cases have no sputum.

The number of X-ray examinations is rapidly increasing.

The table relating to deaths show that the situation is not satisfactory. Nearly 32 per cent. of the tuberculosis patients who were seen, died within three months of their first attendance. Twenty-three per cent. of people dying in the Area from tuberculosis were not referred to the Tuberculosis Officer during life. In 10 per cent. there were good reasons, but no reason is known why the remaining 39 cases, or 13 per cent. were not reported. In many cases this is undoubtedly due to the patients not consulting their doctor until it is too late to do anything.

It should be possible for the Tuberculosis Officer to see every case, and it is hoped that everyone will co-operate towards this end.

DIAGNOSIS AND TREATMENT.—By far the most important item under this heading was the provision of an up-to-date X-ray apparatus in June, 1929. This is proving extremely valuable and great use is being made of the apparatus. X-ray examination can never replace ordinary physical examination and sputum examin-

ation but it is a most valuable aid and frequently enables the diagnosis to be made very much more quickly.

TREATMENT.—The amount of active treatment carried out at the Institute and Visiting Stations is not very great. Tuberculin is given in selected surgical cases, often with excellent results. No pulmonary cases are treated in this way.

It is hoped to give pneumothorax refills at the Institute shortly. At present all refills are done at Cefn Mably Hospital.

The majority of patients are offered treatment in Hospital or Sanatorium. Most of them now adopt a sensible view, but there are still some who refuse treatment until the disease is too advanced for any treatment to be effective.

The monthly Surgical Clinics held by Dr. Brownlee are very well attended and are of the greatest assistance in the Area. Practically all cases of Surgical Tuberculosis are referred to the Tuberculosis Officer and there is no doubt that the prognosis in this type of case has greatly improved since the work of the Welsh National Memorial Association began.

The number of Pensioners attending is not very large. Even at this length of time after the war new cases are occasionally seen in which the tuberculosis appears to be due to war service.

I continue to attend the Ministry of Pensions Tuberculosis Medical Boards at Cardiff once a week as a Specialist.

There are no care committees in this area. Although the employment question has been more acute, many ex-sanatorium patients have been taken back at their old occupation when fit.

The Guardians have helped with clothes in many cases. With their approaching abolition it seems a very favourable time for a central care committee to be established.

PERSONNEL.—The Staff consists of the Tuberculosis Officer, the Assistant Tuberculosis Officer, Dr. F. W. Godbey, Miss M. Oldfield, who is the Newport Corporation Health Visitor for Tuberculosis and who attends the Newport Institute, and Miss Richards, who is now acting as Clerk at the Newport Institute after seven years' service in the West Monmouthshire Area.

MATERIEL.—The Institute and Visiting Stations remain the same and there appears no need for any others. The Newport Institute was very greatly improved during the year, being thoroughly painted and decorated inside and outside.

The room formerly used as the office was converted into an X-ray room. A dark room was made by enlarging a small laboratory and removing cupboards. The results are excellent. The X-ray room is quite large enough and very well equipped.

New patients attending Newport Institute can be X-rayed at once, while those attending the Visiting Stations in the County are sent for on Thursday or Saturday.

At present all the West Monmouthshire patients are X-rayed at Newport Institute.

ACKNOWLEDGMENTS.—Thanks are due to the Medical Officers of Health, the School Medical Officers, for Newport and Monmouthshire, all district Medical Officers of Health, and the general practitioners in the Area.

The following is the report of Dr. William Davies, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st. December, 1929:—

Return showing the extent of Residential Treatment during the year ended 31st December, 1929.

			In Institution on January 1.	Admitted during year.	Discharged during year.	Died in Institution.	In Institution on Dec. 31.
Number of Patients.	Adults.	M.	48	154	117	31	54
		F.	39	138	123	19	35
	Children.	M.	6	19	17	—	8
		F.	12	22	21	2	11
Number of Observation Cases.	Adults.	M.	1	22	20	1	2
		F.	2	6	7	—	1
	Children.	M.	1	3	4	—	—
		F.	1	3	4	—	—
TOTAL ...			110	367	313	53	111

Table showing results of treatment of Patients and of Observation Cases discharged during the year 1929.

Classification on Admission to Institution.			Number Discharged.												TOTAL	
			Quiescent			Improved			No Material Improvement			Died				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Patients, i.e. Definitely T.B.	Non-Pulmonary Cases.	T.B. Minus ...	—	—	—	33	38	29	6	3	2	1	1	—	113	327
		T.B. Plus :— Group 1 ...	—	—	—	1	1	1	—	—	—	1	—	—	4	
		Group 2 ...	—	—	—	22	19	1	5	3	—	—	—	1	51	
		Group 3 ...	—	—	—	32	22	1	18	37	1	29	18	1	159	
	Pulmonary Cases.	Bones & Joints ...	—	—	—	—	—	1	—	—	—	—	—	—	1	3
		Abdominal ...	—	—	—	—	—	—	—	—	1	—	—	—	1	
		Other Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Peripheral Glands	—	—	—	—	—	—	—	—	1	—	—	—	1	
TOTALS ...		—	—	—	88	80	33	29	43	5	31	19	2	330		
Observation Cases for Diagnosis.			Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous			36				
			M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
			7	1	4	6*	2	3	8	4	1					
GRAND TOTAL ...															366	

*Includes one death.

NUMBER DISCHARGED.—Fit for full work, nil; fit for light work, 37, fit for school, nil; left before completion of treatment, i.e., at own request with permission, left against advice or discharged for disciplinary reasons, 84; number transferred to other Institutions, 79.

ARTIFICIAL PNEUMOTHORAX. Inductions, 8; Refills, 347.

X-RAY DEPARTMENT.—*In-patients*: Screenings, 552; Radiographs, taken 350.

Out-patients: Screenings, 216; Radiographs taken, 96.

DENTAL TREATMENT.—Extractions, 45.,

SPECIAL EXAMINATIONS.—Wassermann tests, 11.

GENERAL OBSERVATIONS.—The average number of beds occupied throughout the year was 107.72. The reason for this low average was the closing down of two wards for repairs during a period of two months. However, the total number of patients admitted was practically the same as for the previous year.

There has been no change in the type of case admitted, and of the total number of patients 16 per cent. were classified as early, 35.7 per cent. as intermediate, and 48.3 per cent. as advanced. Tubercle bacilli were found to be present in the sputum of 64 per cent. of the pulmonary cases.

According to the histories given by 166 patients, they had been ill for a comparatively short time before admission, yet 92 of these had advanced bilateral disease. It is admitted that tuberculosis may start acutely and spread rapidly in the lungs, but that this type of the disease should be so common as the above figures suggest to open question. To obtain an accurate account of a patient's past illness is always difficult and often impossible. However, the clinical course of the disease in a large number leads to think that it has existed for a much longer time than that given by the patient. His symptoms may have been so slight, vague, and indefinite that they did not seriously interfere with his daily avocation; and certainly they were not serious enough to warrant him consulting his doctor. Yet the tuberculous process has gone on in a slow insidious way, with increasing anatomical involvement—and it is notorious how much lung can be affected without alarming symptoms—until it finds acute expression in a florid type of the disease which prostrates the patient. The doctor is often subjected to a considerable amount of criticism in not making an early diagnosis; but more frequently than not the patient does not consult him until the disease is far advanced.

Patients suffering from the chronic slowly progressive type of the disease form a large number of those admitted each year, and the problem of what to do

with them remains unsolved. The majority of them will never again be fit to work and all the good that can be done for them in hospital is that of segregation under proper hygienic conditions. This means that they occupy beds for long indefinite periods. One such patient died during the year: he was admitted to Beechwood Hospital in March, 1923, and transferred here in 1924. This patient had occupied a bed in hospital for over six years! At the present time there are three patients who have been in this Institution for over two years and another three who have been twelve months. Also, there are quite a number of this type of case in the areas who are constantly seeking re-admission into hospital. It can well be realised that a large number of beds could be filled with these patients who will remain indefinitely to the exclusion of other patients who might benefit by treatment.

The number of cases admitted for diagnosis was 34, and of these 12 were found to be tuberculous. The latter have been included twice in the total number admitted, firstly as observation cases and secondly as "patients." One observation case died as a result of Pernicious Anaemia and Silicosis. Among the observation cases discharged was a number of miners who were suffering from Silicosis. This disease, since it has been scheduled under the Compensation Acts, has assumed great economic importance, and many cases are being referred to the Tuberculosis Officers for an opinion.

The work done in the X-ray Department has diminished, the total number of radiographs taken being 446 and the number of screenings being 768. This diminution of the work is due to the smaller number of out-patients examined since the installation of an X-ray plant at the Newport Institute, where all out-patients from Monmouthshire are now being examined.

THERAPEUTIC.—Treatment has been continued on similar lines to those of previous years, i.e., graded rest, exercise, and Artificial Pneumothorax in selected cases. The majority of the patients were febrile on admission and, of course, they had to rest in bed. This accounts for the high average percentage, viz., 64 per cent. of bed cases during the year. Once the temperature and pulse are normal the patient is gradually allowed to get up, but care is taken to prevent fatigue. This avoidance of fatigue or, to put the matter another way, relief from strain is the main principle underlying the treatment. This is important, and patients are advised not to violate this principle; the physician can only guide, and he must rely on the intelligence and behaviour of the patient to follow his advice. However, the patient is so often deceived by that period of betterment—the "false convalescence" of Laennec—which is usual in the course of the disease, that he neglects this principle. The following case will illustrate the result of this neglect. A patient was admitted here with very acute and widespread disease in the left lung. After admission he rapidly got worse, and in order to stay the progress of the disease treatment by Artificial Pneumothorax was instituted. He improved considerably and was eventually

discharged. He felt so well that he thought he was fit enough to take part in a football match, with the result that he had a large haemorrhage from the lungs, which necessitated his re-admission into hospital. The "care" of Pulmonary Tuberculosis is in the hands of the patient, and if he decides to indulge in activities which are a strain even for a healthy man then no form of treatment can save him.

MATERIEL.—The X-ray plant has been improved by the installation of a more powerful unit. Part of the original unit was transferred to Pontypridd Institute while the remainder was installed at the Newport Institute.

The floor of the Dancing Gallery was found to be in a bad condition and it was necessary to renew the whole floor including the joists. The concrete floor of the Soldiers' Gallery has been covered with hard wood blocks, which has made a vast improvement in this ward.

A Frigidaire apparatus has been installed in one of the larders, and this has proved to be a great boon during the hot weather experienced last summer.

A vegetable store and smithy has been erected near the power house.

PERSONNEL.—Dr. E. B. Humphreys terminated her appointment on August 31, and Dr. M. H. Mills was appointed to fill the vacancy.

Miss C. A. Gould, who had been Matron of the Hospital since its opening, was transferred to North Wales Sanatorium on October 15, and she takes with her the best wishes of the patients and staff. Miss C. Forsdike, who has had considerable experience as a Matron, was transferred from Sealyham Hospital to fill the vacancy, and this opportunity is taken of wishing her every success in her work.

AMENITIES.—The Ladies' Sewing Guild continues to provide a considerable number of articles of clothing for the patients, and we are grateful to the organizers and their workers in the various districts for maintaining such good work.

Our thanks are due to the Merry-makers' Concert Party, who gave a concert at Rumney in aid of the Guild. Thanks are also due to Mrs. Caleb Griffiths, Newport, who organised an American Tea at the Town Hall on October 22, in aid of the Guild.

Deep gratitude was expressed to the late Madam Ada Thomas, Newport, for the generous gift of £63, which was the proceeds of a dancing display given by her pupils at the Lyceum Theatre.

It is a pleasure to thank Mrs. Ormond Lewis and her Llanishen friends for working so hard for the patients' Christmas Fund.

We are grateful to those ex-patients and their relatives who sent sums of money, which amounted to £16 for the patients' Comforts Fund.

ACKNOWLEDGMENTS.—Grateful acknowledgment is made to the numerous parties who have entertained the patients during the year.

Thanks are tendered to the Chaplains for conducting the religious services, which have been greatly appreciated by the patients and staff.

We regret to report the resignation of Sir A. Garrod Thomas as a member of the Committee. Sir Garrod had been chairman of the House Committee since its inception, and previous to that he had been chairman of the Beechwood and Cardigan House Hospital Committees. We wish to thank him for his many services in the interests of the Institution.

I am indebted to the House Committee for their unfailing support and co-operation, and to the Head Office Staff for their helpfulness.

In conclusion, I desire to pay tribute to the efficient service rendered by the whole staff of the Hospital.

The following Tables give details of the work undertaken by the Welsh National Memorial Association in the Administrative County during the year ended December 31st, 1929.

TABLE 1.

Return showing the work of the Dispensary (or Dispensaries) during the year 1929.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous ...	135	127	10	16	24	30	33	17	159	157	43	33
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	102	94	75	74
(c) Non-Tuberculous ...	...	...	...	...	...	...	...	..	200	230	236	191
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	11	12	1	7	2	...	3	3	13	12	4	10
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	11	10	18	20
(c) Non-tuberculous ...	...	...	...	..	...	...	...	...	143	232	163	179
C.—CASES written off the Dispensary Register as:—												
(a) Cured ...	23	45	5	16	56	46	68	49	79	91	73	65
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	468	578	501	484
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed ...	585	559	103	93	161	188	135	117	746	747	238	210
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	5	3	3	3

TABLE 1 (Continued).

1.—Number of persons on Dispensary Register on January 1st ...	2027	10.—Number of consultations with medical practitioners :— (a) At homes of applicants ... 86 (b) Otherwise ... 1537	
2.—Number of patients transferred from other areas and of "lost sight of" cases returned ...	117	11.—Number of other visits by Tuberculosis Officers to Homes ...	917
3.—Number of patients transferred to other areas and cases "lost sight of" ...	54	12.—Number of Visits by Nurses or Health Visitors to Homes for Dispensary purposes ...	276
4.—Died during the year ...	205	13.—Number of :— (a) Specimens of sputum, etc., examined ... 1007 (b) X-Ray examinations made in connection with Dispensary work ... 306	
5.—Number of observation cases under A (b) and B (b) above in which period of observation exceeded two months ...	65	14.—Number of Insured Persons on Dispensary Register on the 31st December ...	620
6.—Number of attendances at the Dispensary (including Contacts)	7382	15.—Number of Insured Persons under Domiciliary Treatment on the 31st December ...	94
7.—Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ...	222	16.—Number of Reports received during the year in respect of Insured Persons :— (a) Form G.P. 17 ... 9 (b) Form G.P. 36 ... 28	
8.—Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for :— (a) "Light" treatment ... 667 (b) Other special forms of treatment ... 76			
9.—Number of patients to whom Dental treatment was given, at or in connection with the Dispensary ...	—		

TABLE 2 (b).

Return showing the Extent of Residential Treatment during the year ended 31-12-29.

			In Institutions on January 1, 1929.	Admitted during year.	Discharged during year.	Died in Institutions.	In Institutions on December 31st, 1929.
Number of Patients.	Adults.	M.	65	174	142	23	74
		F.	51	127	123	13	42
	Children.	M.	35	38	44	3	26
		F.	40	33	47	2	24
Number of Observation Cases.	Adults.	M.	1	29	25	1	4
		F.	2	13	12	—	3
	Children.	M.	1	7	8	—	—
		F.	1	4	4	—	1
	TOTAL ...		196	425	405	42	174

Return showing the immediate results of treatment of Patients and of observation of doubtful cases discharged from Residential Institutions during the year ended December 31st, 1929.

SANATORIUM (PULMONARY CASES).

[illegible]

Return showing the immediate results of treatment of Patients and of observation of doubtful cases discharged from Residential Institutions during the year ended December 31st, 1929.

HOSPITAL (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment.												Total
		Under 3 months			3—6 months			6—12 months			More than 12 months			
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent .. ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	23	25	11	4	5	8	2	...	7	...	...	...	85
	No material improvement	4	3	1	1	...	1	...	...	...	...	...	...	10
	Died in Institution ...	1	...	...	...	...	...	...	...	...	...	...	...	1
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	1	1	...	...	...	1	...	...	...	...	...	...	3
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	10	4	...	3	4	...	2	3	...	...	...	...	26
	No material improvement	1	...	...	...	2	...	...	...	...	...	...	...	3
	Died in Institution ...	...	...	...	...	...	...	...	...	1	...	...	...	1
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	5	5	...	12	5	...	7	3	1	1	...	...	39
	No material improvement	2	13	...	2	10	...	5	4	1	1	1	...	39
	Died in Institution ...	7	7	...	7	4	...	1	1	...	...	1	...	28
Observation for purpose of diagnosis.		Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks			
	Tuberculous	1	...	1	1	1	1	2	...	1	3	...	1	12
	Non-Tuberculous ...	...	...	...	...	...	...	*4	1	...	2	1	2	10
	Doubtful ... ..	...	...	...	...	...	1	4	1	...	4	3	...	13

*Includes 1 death.

Return showing the immediate results of treatment of Patients and of observation of doubtful cases discharged from Residential Institutions during the year ended December 31st, 1929.

HOSPITAL (NON-PULMONARY CASES).

[illegible]

Patients treated (Sanatorium and Hospital) during the year ended 31st
December, 1929, at:—

	Males	Female	Totals		Males	Female	Totals
North Wales Sanatorium ..	...	36	36	Talgarth Sanatorium ..	80	...	80
Cefn Mably Hospital ...	172	158	330	St. Brides Hospital ...	11	19	30
West Wales Sanatorium ..	...	8	8	Mardy Hospital ...	2	...	2
Glan Ely Hospital ...	61	30	91	Alton Hospital ...	...	1	1
Prince of Wales Hospital	1	2	3	Cwmla Hospital ...	1	...	1
North Wales Surgical Block	9	7	16	Totals	337	261	598

Places of residence of the above patients.

URBAN					Males	Female	Totals
Abercarn	21	8	29	Risca	19	25	44
Abergavenny	12	6	18	Tredegar	39	27	66
Abersychan	17	14	31	Usk	2	4	6
Abertillery	28	17	45	Total Urban ...	312	245	557
Bedwas and Machen	7	17	24				
Bedwellty	44	25	69	RURAL			
Blaenavon	9	7	16	Abergavenny ...	3	2	5
Caerleon	5	...	5	Chepstow	2	5	7
Chepstow	1	6	7	Magor	2	2	4
Ebbw Vale	34	30	64	Monmouth	2	4	6
Llanfrecha Upper ...	4	10	14	Pontypool	1	...	1
Llantarnam	14	5	19	St. Mellons	15	3	18
Monmouth	3	5	8	Total Rural ...	25	16	41
Mynyddislwyn	25	10	35				
Nantyglo and Blaina	3	9	12	Grand Total ...	337	261	598
Panteg	5	4	9				
Pontypool	12	12	24				
Rhydney	8	4	12				

VENEREAL DISEASES.

The following is a summary of the scheme of the County Council for the prevention and treatment of these diseases:—

The Treatment Centre for the Administrative County is at the Royal Gwent Hospital, Newport. The days and hours of the sessions are:—

Males.—Tuesdays at 4.30 p.m.

Wednesdays at 2 p.m.

Thursdays (old cases only) at 4 p.m.

Fridays at 6 p.m.

Females.—Mondays at 2 p.m.

Thursdays at 2 p.m.

Facilities for the irrigation of cases of gonorrhœa are also available.

Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre for men, and Dr. Mary Gordon, Assistant Medical Officer under the County Council, attends the women's sessions, and this arrangement came into force on the 28th September, 1925.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by the County Pathologist and Bacteriologist. Laboratory facilities for private practitioners are also provided, and outfits from the Laboratory are sent to them when required.

The medical profession in the County has been circularised with the details of the scheme, and a propaganda campaign is periodically conducted by advertisements in the local newspapers, posters on public hoardings, in public and railway station urinals, and every winter by separate public lectures for men and for women.

In necessitous cases the County Council provides rail fares for patients attending the Treatment Centre, which average about £150 a year.

There is every indication that the scheme is sufficient to meet the needs of the County.

The reports of the Medical Officers in charge of the Treatment Centres are as follows:—

A.—Dr. P. C. P. Ingram.

“ The number of patients attending for the first time was 343, an increase of 66, or 19·2 per cent., and is the first time that the number has passed the 300 mark since the year 1921. 172, or over half of these were suffering from gonorrhœa. Patients found not to be suffering from Venereal Disease reached the large total of 94, Syphilis and Soft Chancre made up the remainder, of which only 46 were suffering from the former complaint.

It will be interesting to compare these figures with those of 1920, ten years ago. In that year the total number was 368, a figure little different from

that of the current year, but the numbers of the different diseases are strikingly different. The largest was Syphilis, of which there were no less than 218. Gonorrhœa came next with 131, there were 4 cases of Soft Chancre and only 15 were found not to be suffering from Venereal Disease.

A study of these figures and of the intermediate years as published in the successive annual reports brings, I think, one to the conclusion, that there has during that period been a slight fall in the total number of new infections a slight increase in the amount of Gonorrhœa being more than offset by a fall in the cases of Syphilis, the amount of which is the most striking fact. During the year under review the number of new patients who had contracted the disease within the preceding twelve months was only 16. There is no reason to suppose that patients are not as before coming to the Clinics. One can legitimately conclude that the incidence of Syphilis in the County has fallen considerably during the past ten years.

No doubt the fact that a far shorter period of time is required to make a patient suffering from Syphilis non-contagious than is required in Gonorrhœa accounts for the position as regards the latter in which the figures show on the whole an increase. The time that must elapse before a patient can be discharged as cured is in the case of Syphilis nearly ten times that of Gonorrhœa. This explains in part at any rate why the proportion of discharged cured was in Syphilis approximately 1 to 11 and in Gonorrhœa 1 to $2\frac{1}{4}$.

Of the remaining new cases Soft Chancre shows a slight increase but the numbers are still small. Patients not suffering from venereal disease again show an increase. Most of these were patients previously discharged as cured who had again exposed themselves to infection and had not contracted anything.

The figures for patients discharged cured may be considered as satisfactory. The prevailing industrial depression has been responsible for many leaving the district without informing the Clinic, 18 of these were known to have done so and were given the authorised Transfer Book to enable them to continue treatment at another Clinic.

The cards for the past year have been examined to find the various agencies which were responsible for bringing patients to the Clinics, and the following figures are of interest:—

Patients sent by their Panel Doctor	...	...	...	178
At their own suggestion	...	...	...	123
(47 of these had previously been to the Clinic and either cured or found non-venereal).				
Through the Female County Enquiry Agent	...	...	...	16
From other departments of the Hospital	...	...	...	7

These figures show that the Medical Practitioners of the County are alive to the importance of the adequate treatment of Venereal Diseases and to the facilities offered by the Clinic."

B.—Dr. Mary H. M. Gordon.

" The total number of cases attending for the first time showed an increase when compared with last year's figures. There is a slight fall in the number of new cases of Syphilis, so that the increased number of new cases is composed of non-venereal cases and cases of Gonorrhoea. As the non-venereal cases form about 50 per cent. of the total number of new cases reporting, one would be justified in concluding that the propaganda work undertaken by the County is having effect, and that the public are becoming more alive to the dangers of venereal disease and realise the value of immediate treatment should there be any fear that the disease has been contracted.

As in the previous years, the new cases of Syphilis almost all showed evidence of the later stages of the disease, many being cases of latent Syphilis in mothers, only found out in the course of a routine blood test done on all mothers who bring to the clinic children with definite evidence of congenital Syphilis. As in previous years, the County Maternity and Child Welfare Clinics referred a large number of cases to the treatment centre. As more ante-natal clinics are to be established in the County during 1930, there is a possibility of more pregnant women being sent for examination. There is need in the County of an institution where pregnant women suffering from venereal disease could have the necessary treatment right up to term.

The majority of the sufferers from Syphilis and Gonorrhoea were married women. Wherever possible, the husband was advised to attend the male clinic, and in most cases he was quite willing to report and to attend for treatment.

There is a slight increase in the number of patients discharged cured after completion of treatment, largely accounted for by the increased number of non-venereal cases attending. One would like to see an increase in the number of cured cases of Gonorrhoea, but on account of the industrial depression in the County just now many people are seeking work elsewhere and consequently cannot stay till treatment is completed.

The number of defaulters who ceased to attend before completing treatment for Syphilis and Gonorrhoea has not increased proportionately. That the number is not more is due to the untiring efforts of the lady Inquiry Officer, who spares no trouble to follow up cases to their homes and persuade them to attend the treatment centre. The total attendances at the centre throughout the year was very satisfactory.

The drugs used were much the same as last year—Salvarsan compounds with Bismuth and Mercury being employed in the treatment of Syphilis.”

Comparison with the reports of other counties proves that the proportion of attendances of women to men at the County Treatment Centre is greater in Monmouthshire than in most other counties.

This can be attributed to the work of the Inquiry Officer, Nurse E. M. Walters, who follows female patients (old and new) to their homes, and she invites them to undergo and persevere with treatment at the Centre. She also attends at the Treatment Centre on the days fixed for female patients, and this procedure has proved to be a great encouragement to the women to visit the Centre regularly. The work accomplished by her during the year was as follows:—

Number of visits paid in the Administrative County:

	1929	1928
To new cases which came to her knowledge and which had not undergone treatment ...	349	341
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1649	1657
To members of Voluntary Agencies, District Nurses, etc. ...	232	245
Total ...	2230	2243

Since her appointment in July, 1918, Nurse Walters has visited 4,210 new cases.

The medical practitioners of the County approve the scheme most cordially, and the majority of them send patients to the Centre for treatment. Advantage is also taken of the facilities for tests at the County Laboratory, and 541 specimens were examined for private practitioners during the year 1929.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1929, are as follows:—

1.—COUNTY LABORATORY, COUNTY HALL.

RETURN OF SPECIMENS EXAMINED.

	1929								TOTAL.	Previous Year 1928
	For detection of Spirochaetes.		For detection of Gonococci.		For Wassermann reaction (Syphilis).		Other Examinations.			
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males		
From County of Monmouth—										
Treatment Centre ..	40	1	582	958	416	273	8	3	2281	2020
Practitioners ..	2	—	142	92	216	86	1	2	541	520
From County Borough of Newport—										
Treatment Centre ..	38	3	385	171	351	109	11	2	1070	1247
Practitioners ..	1	—	149	49	170	85	1	1	456	500
From Other Districts—										
Glamorganshire ..	—	—	7	—	3	2	—	—	12	17
Brecon ...	—	—	1	—	1	3	—	—	5	4
Cardiff ...	—	—	2	—	2	—	—	—	4	3
Hereford ...	—	—	—	—	—	—	—	—	—	1
Carmarthen ...	—	—	1	—	—	—	—	—	1	1
Totals ...	81	4	1269	1270	1159	558	21	8	4370	4313

No. of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

		1929	1928
Novarsenobillon	·6 grm. =	49	39
„	·45 „ =	27	1
„	·3 „ =	5	14
Totals ...		81	54
Stabilarson	·6 grm. =	10	—
(Boots)	·45 „ =	10	10
Totals ...		20	10
Sulphostab	·2 grm. =	1	—
(Boots)	·3 „ =	2	—
	·45 „ =	12	20
	·6 „ =	2	—
Totals ...		17	20

The number of practitioners upon the register for the supply of salvarsan substitutes is twenty-two.

2.—TREATMENT CENTRE.
(ROYAL GWENT HOSPITAL, NEWPORT).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the Medical Officer of Health, relating to persons residing in the Administrative County of Monmouth.

	1929.			1928.		
	Males.	Females.	Total.	Males.	Females.	Total.
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from Syphilis ...	46	41	87	37	43	80
" " Soft Chancre ...	31	—	31	15	—	15
" " Gonorrhœa ...	172	71	243	138	52	190
Not "suffering from venereal disease ...	94	106	200	87	102	189
Total ...	343	218	561	277	197	474
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	4	4	8	11	4	15
Soft chancre ...	16	—	16	11	—	11
Gonorrhœa ...	78	26	104	71	25	96
Not suffering from venereal disease ...	86	115	201	80	100	180
Total ...	184	145	329	173	129	302
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	31	58	89	43	67	110
Soft chancre ...	11	—	11	11	—	11
Gonorrhœa ...	84	57	141	60	44	104
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	126	115	241	114	111	225
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	1606	1741	3347	1599	1695	3294
" " Soft Chancre ...	161	—	161	85	—	85
" " Gonorrhœa ...	2509	1138	3647	1946	872	2818
Not suffering from venereal disease ...	261	321	582	199	297	496
Total ...	4537	3200	7737	3829	2864	6693

	1929			1928		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of "In-patient days" of treatment given to persons suffering from:—						
Syphilis	105	81	186	267	72	339
Gonorrhœa	260	575	835	232	582	814
Soft Chancre	11	—	11	16	—	16
Not suffering from Venereal disease	—	—	—	—	—	—
Total	376	656	1032	515	654	1169
6.—Number of persons treated with Salvarsan substitutes	174	271	445	176	245	421
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Sulfarsenal						
dose .01		—			—	
dose .05		33			30	
dose .1		71			35	
dose .15		132			111	
dose .2		178			225	
dose .25		93			51	
dose .3		366			216	
dose .45		530			549	
dose .6		120			174	
Name of Drug—Bismuth dose .5cc		24			62	
dose 1cc		469			425	
Total		2016			1878	
8.—Examinations of Pathological material:—	Males.	Females.	Total.	Males.	Females.	Total.
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—						
For detection of spirochaetes	40	1	41	23	1	24
For " " gonococci	582	958	1540	518	737	1255
For Wassermann reaction	416	273	689	404	315	719
Others	8	3	11	17	5	22
Total	1046	1235	2281	962	1058	2020

No action has been taken under the Venereal Diseases Act, 1917, in the County, as no evidence has been available of breach of its provision.

Lectures upon the Prevention and Treatment of Venereal Diseases were delivered in various parts of the County during the winter by Dr. W. J. Roche, Newport, to men, and Dr. Laura G. Rees, Newport, to women.

There reports are as follows:—

A.—Dr. W. J. Roche.

“ This is the fifth year that I have been honoured with the delivery of these most important lectures, and I am pleased to say that never before have they been so successful.

Altogether there were 22 lectures, principally delivered in the Industrial Areas of the County, the attendances were higher than previous years, the average attendance being 103 persons. The audiences were attentive which was proven by the marked interest taken in the numerous questions which were asked and answered .

This campaign is becoming well known and appreciated in the County, this is proven by the fact that we are now having the right type of audience, 80 per cent. of which is composed of young men between 17 and 25 years of age.

The literature on this subject, which is distributed after each lecture is excellent. I exhort the audience to read it and I have no doubt that its perusal helps to stamp the important facts of my lecture on their minds.

On several occasions members of the audience, proposers of votes of thanks, and chairmen, have suggested that a second lecture be given in the same district each year, when they promised to have a much larger audience than on the previous occasion.

I would suggest to organisers of these lectures, that the ideal places to hold these lectures are the local Institutes and that an endeavour should be made not to have the lectures clashing with other functions in the same evening. The worst attendances are when the lectures are held in schools.

On several occasions I was asked to convey the congratulations and thanks of the meetings to Dr. Rocyn Jones and the Committee, who are responsible for the organisation of these lectures.”

B.—Dr. Laura G. Rees.

“ There were seventeen lectures given in the County during the winter session 1929-30. The attendances varied from 100 at Crosskeys to seventeen at

Cwm, the average attendance being about 48. The low attendance at Cwm was partly accounted for by the fact that it was a very wet night. In many of the meetings there was a fair proportion of young girls present.

As usual very few questions were asked, though at three of the meetings much enthusiasm was shown and the questions were many. Occasionally one was questioned privately at the close of the meeting.

The meetings were well organised and thanks are due to the ladies who worked so well to secure the audiences.

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report published on the 8th May, 1930.

BLIND PERSONS ACT, 1920.

The scheme formulated by the County Council for the Welfare of the Blind remains in operation. Under its provisions a grant of £350 per annum is paid to the Newport and Monmouthshire Blind Aid Society towards the cost of maintaining Home Workers and Home Teachers in the County.

A register is kept of the blind persons in the Administrative County, and at the 31st May, 1930, there were 677 persons on the register, (338 males and 339 females), who were blind within the meaning of the Act. Details are given in the accompanying tables.

Cases of necessity amongst blind persons are considered by the Blind Persons Sub Committee of the County Public Health Committee, and grants were made during the financial year 1929-1930 to 305 persons, the total amount of the grants being £5,547 19s. 2d.

Further discussions took place during the year with regard to the formation of the Monmouthshire County Association for the Blind, and the scheme of constitution was adopted by the County Council and the Newport and Monmouthshire Blind Aid Society in January, 1930. The scheme is as follows:—

CONSTITUTION.

NAME.

1. The Association shall be called "The Monmouthshire Association for the Blind."

AREA.

3. The area of the operations of the Association shall be the Administrative Area of the County of Monmouth.

Blind Registrations as at 31st MAY, 1930.

TABLE 1.

0-5			5-16			16-21			21-30			30-40			40-50			50-60			60-70			70 and upwards			Totals.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
...	16	16	32	13	4	17	8	10	18	14	13	27	35	25	60	40	37	77	100	97	197	112	137	249	338	339	677

TABLE 2.—Ages at which Blindness occurred.

0-1			1-5			5-10			10-20			20-30			30-40			40-50			50-60			60-70			70 and upwards			Totals		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
39	35	74	10	13	23	11	15	26	14	22	36	13	12	25	39	16	55	40	31	71	62	70	132	70	83	153	40	42	82	338	339	677

OBJECTS.

3. The objects of the Association shall be:—

- (a) To co-operate with the Newport and Monmouthshire Blind Aid Society and any other organisation thought to be desirable, provided that in the carrying out of the work cited in the sub-clauses of this section, the County Association shall avail itself of the facilities of the Newport and Monmouthshire Blind Aid Society.
- (b) To assist the County Council in regard to the registration of all blind persons residing in the area.
- (c) To notify removals to the appropriate authorities.
- (d) To co-operate with the Maternity and Child Welfare Local Committees in their respective areas, and to arrange for visits to the Blind in their own homes or elsewhere, including the sick, aged and helpless.
- (e) To encourage the Blind to read raised types.
- (f) To obtain for those in need such assistance as may be possible (e.g., State and other pensions, adequate relief from the County Public Assistance Committee for such persons as receive same, and other financial aid).
- (g) To promote the prevention of blindness by all possible means.
- (h) To co-operate with Local Education Authorities and the County Public Assistance Committee in seeing that all blind children of school age are being suitably educated and trained.
- (i) To suggest to parents and guardians how best to train and brighten the lives of blind children.
- (j) To form a pool of all monies collected by the Association and the Blind Aid Society in the Administrative County of Monmouth, from which shall be borne the cost of financing adequately the various County Services (viz., home-workers, home-teaching, unemployables, social centres, homes, hostels, workshops and registration) before such services become a statutory charge.
- (k) To assist the County Council in every possible way to administer the Blind Persons Act, 1920.
- (l) To perform such other services as may be considered necessary from time to time by the County Council for the general welfare of the Blind in order that no Blind person shall be uncared for.

GENERAL COMMITTEE.

4. The work of the Association shall be controlled by a General Committee composed of the Honorary Officers of the Association and two representatives of every District Committee (Maternity and Child Welfare), the members of the Public Health Committee of the County Council, and the members of the Committee of the Newport and Monmouthshire Blind Aid Society.

OFFICERS.

5. The General Committee shall annually elect as Officers of the Association, a President, two Vice-Presidents (one from the County Council representatives and one from the representatives of the Newport and Monmouthshire Blind Aid Society), Hon. Treasurer and Hon. Secretary.

EXECUTIVE.

6. The General Committee shall annually elect an Executive Committee who shall be responsible for carrying out the work of the Association, the Committee to consist of:—

- (i) 6 representatives of the Public Health Committee of the Monmouthshire County Council;
- (ii) 6 representatives of the local district Committees (who shall not be members of the County Council nor members of the Newport and Monmouthshire Blind Aid Society); and
- (iii) 6 members of the Committee of the Newport and Monmouthshire Blind Aid Society who shall be approved and co-opted by the General Committee annually;
- (iv) The President, Hon. Treasurer and Hon. Secretary of this Association shall be *ex-officio* members of the Executive Committee, which shall elect its own Chairman.

ANNUAL MEETING.

7. The annual meeting shall be held in the month of May or on such date as may be decided upon by the Executive Committee at a place within the area.

MEETINGS OF GENERAL COMMITTEE.

8. The General Committee shall meet not less than twice yearly.

FINANCIAL YEAR.

9. The financial year shall end on 31st March, on which date all books shall be closed and the accounts forthwith prepared for audit.

ALTERATION OF RULES.

10. Any alteration to the existing rules or any new rule to be proposed shall be a recommendation by the Executive which shall submit the same to a meeting of the General Committee.

AS TO POWERS AND DUTIES OF STATUTORY AUTHORITY.

11. None of the foregoing clauses shall be interpreted as abrogating the powers and duties of the County Council as the statutory authority under the Blind Persons Act, 1920.

Under Section 3 (d) of the Constitution a Conference of the Representatives of the 24 District Maternity and Child Welfare Committees was held at the County Hall with a view to these Committees also undertaking the duties of Blind Welfare Committees.

The Conference was of opinion that the District Maternity and Child Welfare Committees would be prepared to carry out the duties, provided that the Monmouthshire Association for the Blind would arrange for the reimbursement of any financial commitments incurred.

Meetings of the General Committee and the Executive Committee of the County Association are being arranged and it is hoped that by the end of the year the Association will be in full work.

PUBLIC HEALTH LABORATORY.

Facilities are offered to all Medical Practitioners in the Administrative County for bacteriological examinations, and the services of the Pathologist and Bacteriologist are available for any other assistance which may be required in the diagnosis of cases of disease. The following table shows the number of specimens examined during the year and also in the previous year. The majority of the sputum tests were conducted for the Welsh National Memorial Association, whilst Venereal Diseases specimens for the most part came through the treatment centre at the Royal Gwent Hospital, Newport.

Table showing nature of specimens submitted for examination and the results thereof:—

Nature of Specimen.	No. Examined.		No. Positive.		No. Negative.	
	1928	1929	1928	1929	1928	1929
Wasserman Test for Syphilis ...	1952	1717	681	601	1271	1116
Smears and Urines for Gonococcus ...	2254	2539	300	436	1954	2103
Serum for <i>Spironema Pallidum</i> ...	80	85	22	14	58	71
Sputa for Tuberculosis, etc.—						
For Tuberculosis Physicians ...	1516	1588	340	351	1176	1237
County Cases ...	492	452	80	85	412	367
Concentration Methods ...	35	21	—	—	—	—
Mixed Infections ...	27	10	—	—	—	—
Throat and Nasal Swabs for Diphtheria ..	2931	5720	199	335	2732	5385
Widals ...	98	128	19	30	85	98
Hairs for Ringworm ...	99	62	44	37	55	25
Blood Films and Counts ...	63	52	—	—	—	—
Autopsies ...	2	8	—	—	—	—
Tissues for Section ...	116	108	—	—	—	—
Urines for Chemical Examination, Etc. ...	395	469	—	—	—	—
Pus ...	71	92	—	—	—	—
Effusions ...	15	28	—	—	—	—
Vaccines ...	51	62	—	—	—	—
Waters ..	39	50	—	—	—	—
Milks ...	477	446	—	—	—	—
Cerebro-Spinal Fluids ...	44	44	—	—	—	—
Miscellaneous ...	513	803	—	—	—	—
Total ...	11270	14484	—	—	—	—

The County Pathologist reports that:—

“ The total number of specimens examined in the County Laboratory during the year 1929 shows an increase of 3,214, as compared with the year 1928. This is mainly due to the large number of swabs examined for Diphtheria.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the *Spironema Pallidum* showed a further reduction, the figure for the year under review being 14 as compared with 22 for 1928, and 30 for 1927. Of these 14 cases, 13 were males, and 1 was a female. The figure 14 indicates a further decline in the incidence of the disease in the County including the Borough of Newport. This was commented upon in last year's report and need not be referred to again.

The figures for gonorrhœal specimens do not show any improvement comparable to that noted in the case of syphilis. There was a bigger number of specimens examined and a higher percentage of positive findings than in the year 1928.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages, a higher number of specimens having been submitted for examination during the year 1929 than in 1928, with a proportionately larger number of positive results.

As regards Diphtheria, during 1929, the notifications were 459, as compared with 269 in 1928, a marked increase in the incidence of the disease. This is reflected in the large number of throat swabs examined.

In the month of January, 1929, an outbreak of Typhoid Fever occurred at the Monmouthshire Mental Hospital, Abergavenny, and the County Laboratory was requisitioned for Bacteriological investigations to try and ascertain the origin of the outbreak, help in the diagnosis of new cases, and prevent the disease from spreading.

In addition to visiting the Institution and consulting with the Medical Superintendent, the work in connection with the outbreak comprised:

- 189 specimens of Faeces,
- 58 specimens of Urine,
- 15 specimens of Blood,
- 30 samples of Water,
- 1 sample of Milk,
- Blood Cultures and cultures from Gall Stones and discharge from Gall Bladder.

The origin of the outbreak was undoubtedly traced to the patient with Gall Stone, from which the *B. Typhosus* was isolated in pure culture. This patient had been in contact with each of the early cases.

MILK.—The milk examinations were continued during 1929, the object of the investigation being not so much to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been:—

1. The enumeration of the total number of bacteria.
2. The estimation of the B.Coli content.
3. The microscopical examination of the centrifugalized deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalized deposit for Tubercle bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.
6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

Of the 446 samples of milk examined in the County Laboratory 254 belong to this research a smaller number than in the year 1928, viz., 315. From the results obtained, these 254 milks can be classified as follows:—

1. Those which conform to the standard laid down by the Ministry of Health for " Certified Milks "	...	...	13
2. Those which conform to the standard laid down for " Grade A " milks	...	...	76
3. Those which conform to the standard laid down for " Grade A " milk as regards the total number of bacteria, but contain B.Coli in 1/100cc though not in less	...	...	33
(This group would constitute borderline cases).			
4. Those which are unsatisfactory in that they possess a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content	...	...	37
5. Those which are unsatisfactory because of a high B.Coli content, though not containing more than 200,000 bacteria per cc.	...	...	18
6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli. content	...	...	77

Therefore, of the 254 samples of mixed milk as retailed to the consumer, 89, or approximately 35% were of a satisfactory standard of bacteriological purity; 122, or approximately 52% were frankly unsatisfactory, while 33, or approximately 13% formed a borderline group.

These figures continue to bear out the improvement commented upon in last year's report, and this is to be attributed to the causes already stated, viz., the fact that the production of "Grade A," and "Grade A" (Tuberculin Tested) Milk by some of the vendors is setting up a competition which is all for the good of the public, and also to the wise policy which this Department has now been following for some years, viz., of having periodical milk samples collected from certain districts in the County. However, there is still considerable room for further improvement.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 4 occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Inspector and officials of the Local Authority, and the animals in each instance identified, removed from the herd, and dealt with satisfactorily. There were in addition, 12 positive results amongst milks submitted from other miscellaneous sources. The same method of procedure was adopted as mentioned above.

It will be observed that the number of milks for this research is smaller than the number for the year 1928 (254, as compared with 315), but this is accounted for by the fact that a larger number of farms had to be visited in connexion with special investigations necessitated by the detection of Tubercle Bacilli in samples collected by outside authorities (e.g., Cardiff). This implied a comparatively larger number of animal inoculations for the purpose of identifying the offending cow in each particular instance.

In consequence of this, the accommodation for small Animals at the County Laboratory was taxed to the utmost, and it will be necessary in the near future for the Council seriously to consider enlarging the existing accommodation, if this work is to be carried out efficiently, especially if, as is likely, there is to be an intensification of the Administration of the Tuberculosis Order of 1925. It is becoming apparent that farmers as a whole are realising the advantages of keeping "Tubercle free" Herds while local Authorities are taking greater interest in the quality of the milk sold in their areas and in the question of ensuring that such milk shall be free of harmful bacteria.

The County Laboratory also undertakes on behalf of the Ministry of Health the monthly examination of samples sold under the designation of "Certified" and "Grade A, Tuberculin Tested," for which the Ministry pay the Council the recognised statutory fee. In addition, the County Council itself has the control of

the sale of "Grade A" Milk, in connexion with which samples are likewise examined every month.

Of the eight autopsies, two were performed on miners who had died directly as the result of Silicosis of the lungs and who had both been employed for long periods on hard ground boring—the one at Bedwas, and the other at Tredegar. The question of Silicosis is at present engaging the earnest attention of the Government Mines Department and also of the Colliery Owners, who are doing their utmost to introduce safeguarding devices (such as special respirators, dust traps, etc.) with a view to protecting their workmen and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Of the 108 tissues for section, 19 are grouped as malignant growths, a smaller number than last year. 17 were cancers of various regions of the body such as breast, uterus, ovary, intestine, skin, etc., and 2 were sarcomata.

In connexion with the Cerebro Spinal Fluids, it is gratifying to note a welcome diminution in the cases of Encephalitis Lethargica (Sleepy Sickness). The number of notifications for the year 1929 was 6, the lowest since the disease was made notifiable, with the exception of the year 1923, when it was also 6. Seeing that in 1927 no less than 21 cases were notified, and 13 in 1928, it would appear as if we were witnessing a steady decline in the incidence of the disease.

Under the heading of "Miscellaneous" are included specimens of:—

Blood-Urea Estimations
 Fæces,
 Secretions from eye,
 Blood Cultures,
 Blood for Sugar content,
 Vomits and Gastric contents,
 Fluid from Knee.
 Cystic and other Fluids, etc.
 Van den Bergh test,
 etc., etc.

This group also includes experiments carried out on animals under 39 and 40 Vic. Cap. 77, Certificates A3 and B1, licence for which has been granted to me by the Home Secretary. The experiments consisted mostly of inoculations for the detection of B. Tuberculosis, and were reported to the Home Office on 31st December, 1929.

RAINFALL.

Appended is a table giving the comparative rainfalls between various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Abergavenny ...	35'94	51'39	45'56	47'03	43'42	37'92	33'35	37'28	31'04	47'87	23'79	33'19	40'37	49'17	41'50	35'22	43'48	43'09	46'47
Abersychan, Glansychan House ...	49'92	69'00	63'82	69'95	57'6	63'85	52'38	56'93	51'84	69'10	38'98	56'47	63'37	70'40	60'54	53'93	67'86	64'44	62'83
Abertillery ...	66'92	84'64	66'71	72'26	56'73	63'24	52'91	58'79	49'1	71'24	40'99	52'47	55'75	71'19	60'79	54'67	63'82	62'87	62'96
Chepstow, The Cedars	31'82	49'98	34'80	40'92	35'81	45'07	32'81	36'9	37'54	42'12	23'55	37'85	35'85	49'28	38'00	35'31	44'00	44'55	40'42
Cwmearn (Maesderwen)	—	—	—	—	—	—	—	—	47'4	64'15	33'91	49'16	51'83	67'58	52'39	45'30	56'99	56'99	58'92
Ebbw Vale ...	63'26	73'94	66'74	71'65	59'54	63'10	50'02	61'69	48'84	75'21	43'11	54'51	53'17	68'36	56'49	52'71	65'85	72'55	76'30
Henllys, Pantyreos Reservoir ...	52'92	70'68	60'05	62'41	52'62	59'85	46'59	59'74	50'02	63'93	37'57	55'64	58'26	74'91	55'56	51'20	63'07	69'42	65'10
Little Mill, nr. Ponty-pool ...	42'20	57'66	44'25	46'29	42'88	54'79	39'23	40'06	44'9	46'26	25'94	27'42	50'21	50'24	50'25	36'0	43'46	43'007	43'48
Ynysyfro ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46'67	40'90
Nantyptrydd ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51'70	48'04
Pontypool, Snatchwood Park ...	52'29	69'20	64'01	62'07	57'59	61'64	51'33	56'68	51'84	69'10	37'57	57'83	63'42	72'62	60'21	56'53	69'08	Not taken	
Tredegar, Redesdale House ...	60'12	74'47	61'09	61'51	51'4	—	41'95	50'44	40'8	51'70	27'49	45'82	60'73	65'67	57'02	52'45	62'86	59'08	54'83
Wentwood, Newchurch Gathering Ground ...	39'55	56'17	45'43	48'64	42'37	47'38	40'07	47'6	43'26	49'85	29'33	47'22	45'04	62'26	47'34	44'29	53'83	54'04	50'03
Wentwood Reservoir ...	34'73	48'96	39'17	42'32	37'55	44'50	37'22	43'67	41'14	46'13	25'71	42'52	41'88	57'16	41'47	39'32	46'24	46'41	44'41

VITAL STATISTICS FOR THE YEAR 1929.

DISTRICT	ESTIMATED POPULATION.	BIRTHS								DEATHS				INFANTILE MORTALITY.				Zymotic Death-rate per 1000 of estimated population.	Tubercular Death-rate per 1000 of estimated population (including Phthisis and other Tubercular diseases)	Respiratory diseases Death-rate per 1000 of estimated population.	Medical Officer of Health
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population	TOTAL DEATHS UNDER ONE YEAR							
		Male	Female	Male	Female	Male	Female							Legitimate.	Illegitimate	Total.	Rate per 1000 births.				
URBAN.																					
Abercarn ...	20960	241	211	9	4	250	215	465	22.1	125	103	228	10.8	31	2	33	70.9	.76	.62	2.51	E. M. Griffith, M.D., Abercarn
Abergavenny ...	8647	57	57	4	5	61	62	123	14.2	56	65	121	13.9	8	—	8	65.0	—	1.40	2.19	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny
Abersychan ...	28490	228	202	10	8	238	210	448	15.7	157	138	295	10.3	32	2	34	75.89	.56	.66	1.89	R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith
Abertillery ...	32840	310	270	10	5	320	275	595	18.1	207	144	351	10.6	39	1	40	67.2	.63	.70	1.52	T. Baillie Smith, M.B., CH.B., D.P.H., Abertillery
Bedwas and Machen ...	9674	95	77	1	1	96	78	174	17.9	61	53	114	11.7	14	—	14	80.4	.41	1.13	1.75	Edith M. Davies, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H., [Machen
Bedwellty ...	31710	345	317	14	7	359	324	683	21.5	200	135	335	10.5	47	4	51	74.6	.79	.79	1.85	D. Rees Roberts, M.B., New Tredegar
Blaenavon ...	11950	102	84	3	3	105	87	192	16.0	85	70	155	12.9	11	—	11	57.29	.25	1.08	2.00	J. Reynolds, M.B., CH.B., B.A.O., Blaenavon
Caerleon ...	2581	12	12	1	1	13	13	26	10.0	9	14	23	8.9	—	—	—	—	—	.38	1.16	A. M. M. Roberts, M.B., CH.B., B.S., Caerleon
Chepstow ...	4263	34	38	3	3	37	41	78	18.3	34	20	54	12.6	2	1	3	38.4	—	.93	1.17	T. L. Drapes, M.B., B.CH., M.R.C.S., L.R.C.P., B.A., Chep-
Ebbw Vale ...	33610	313	322	7	12	320	334	654	19.4	209	172	381	11.3	43	1	44	67.2	.09	.80	1.60	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale [stow
Llanfrechfa Upper ...	4682	40	29	2	—	42	29	71	15.1	32	22	54	11.5	2	—	2	28.1	.21	1.71	1.29	A. W. Hayles, M.R.C.S., L.S.A., Upper Pontnewydd
Llantarnam ...	7923	69	77	2	2	71	79	150	18.9	55	37	92	11.6	12	2	14	93.3	.88	.88	1.51	F. C. Jones, M.B., CH.B., M.R.C.S., L.R.C.P., Cwmbran
Monmouth ...	4994	50	34	4	3	54	37	91	18.2	38	40	78	15.6	7	1	8	87.9	.80	1.00	2.80	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Mynyddislwyn ...	16720	167	152	1	7	168	159	327	19.5	93	75	168	10.4	24	1	25	76.4	.59	1.01	2.09	R. E. Roberts, M.B., B.S.C., L.S.A., Cwmfelinfach
Nantyglo and Blaina ...	14760	105	100	6	7	111	107	218	14.7	90	73	163	11.0	15	2	17	77.9	.13	.61	1.49	F. M. Wallen, M.R.C.S., L.R.C.P., Blaina
Panteg ...	11730	94	81	3	2	97	83	180	15.3	77	87	164	13.9	9	2	11	61.1	.51	.68	1.44	T. J. McAllen, M.B., CH.B., Pontypool
Pontypool ...	7200	69	72	4	1	73	73	146	20.2	35	41	76	10.5	7	1	8	54.79	.27	.41	.97	Do.
Rhymney ...	11240	110	86	4	5	114	91	205	18.2	78	57	135	12.0	13	—	13	63.4	1.06	.88	1.15	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney
Risca ...	17270	124	128	9	6	133	134	267	15.4	99	92	191	11.0	16	—	16	59.9	.75	.98	1.85	N. N. Wade, M.D., CH.B., Risca
Tredegar ...	24280	219	218	4	9	223	227	450	18.5	145	127	272	11.2	25	2	27	60.0	.66	.74	2.06	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.,
Usk ...	1376	7	6	1	—	8	6	14	10.1	12	7	19	13.8	1	1	2	142.89	—	1.45	1.45	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar
RURAL.																					
Abergavenny ...	9208	62	56	5	3	67	59	126	13.6	47	41	88	9.5	8	2	10	79.3	.43	.32	1.19	E. Y. Steele, L.R.C.P., L.R.C.S., Abergavenny [stow
Chepstow ...	8877	67	74	1	4	68	78	146	16.4	65	67	132	14.8	8	2	10	68.3	.90	1.22	1.91	T. L. Drapes, M.B., B.CH., M.R.C.S., L.R.C.P., B.A., Chep-
Magor ...	6579	55	56	2	1	57	57	114	17.3	35	39	74	11.2	8	—	8	70.1	.45	.76	1.36	S. Hamilton, M.D., B.CH., B.A.O., D.P.H., Newport
Monmouth ...	6562	47	47	3	5	50	52	102	15.5	38	40	78	11.9	8	1	9	88.2	.30	.30	1.52	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Pontypool ...	5184	29	42	1	1	30	43	73	14.1	36	28	64	12.3	5	—	5	68.5	.57	.77	1.73	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
St. Mellons ...	16330	154	136	3	8	157	144	301	18.4	97	67	164	10.4	11	1	12	39.8	.36	.85	1.16	N. N. Wade, M.D., CH.B., Risca
Grand Totals, 1929	359640	3205	2984	117	113	3322	3097	6419	17.8	2215	1854	4069	11.3	406	29	435	67.7	.51	.80	1.70	
Totals for Year 1928	361300	3223	3143	126	120	3349	3263	6612	18.3	2176	1778	3954	10.9	450	28	478	72.29	.40	.91	1.68	

